5		86	ı
,	M	The correct a	gibly.
MARGIN RESERVED FOR BINDING		PLEASE WRITE PLAINLY, WITH UNKADING INK. Supply every item of information carefully. The correct	bysicians: please write the causes of death clearly and legible
MARGIN RESER	(	WITH UNEADING INK.	ly important, Physicians: p
VS A10 9-45-15M		WRITE PLAINLY,	is especially
VS A10	6,	PLEASE	7.

A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

01871

1. PLACE OF DEATH:  county Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  D. C.
City or town	State
How long in above place of death? 2 yrs., 7 mos., 24 days.	City or town Washington (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium	street No. 2111 Key Blvd., Arlington, Va.
How long in hospital or institution? 2 yrs., 7 mos., 24 days	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
JOSEPH W. ALLEN	3. (b) Social Security Number 578-03-1162
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH FEB. 22 1947 21 // 463
8.(b) Name of husband or wife Lillian Welch	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6 - 2 2 19.47.
7. Birth date of	and that I last saw h . 1 M alive on 2 2 18 4
deceased (mo., day, yr.) Aug • 1 91  8 A.F. Years   Months   Days   If less than one day	Immediate cause of death
8. AGE: Years   Months   Days   1f less than one day	PULMONARY TUBERCULOSIS 3 yrs 4 m
9. Birthplace Washington, D. C. (Town, county, and atate)	Due to
10. Usual occupation	
11, industry or business	Due to.
E 12. Name Ferdinand Allen	Other conditions
12. Name Ferdinand Allen  13. Birthplace Washington, D. C.	
14. Malden name Annie M. Allen, 15. Birthplace Maryland.	(Include pregnancy within 3 months of death)
5 15. Birthplace Maryland.	Major fiadiags of operations.
D1	Date of op.
	Autopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Telucoreal Date thereof Ed. 23, 1947 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Washington DC	Injured at home, farm, Industry, public place (where?)
W W CAn he was	Meens of Injury Injured at work?
Address 303/ MI st., N.W., Work, D.C.	(D . 0 D M.
	23. SIGNATURE AND SOLD FINISCE M. D. or other
19. July 22/19 47 Rowland & Philips (Date rec'd by registrar) Registrar	Address Ollan Dale Ma Date signed 2



2-2430 -2-10

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

01872

			Name	-
		1	//	
_		- Automotive	1	
Reg. D	list. No.		-	

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Shinele Georgean	(For newborn infants give residence of mother)	
City or town	State County State Less Show	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred	Street No. 4/403 Tanglewad Drive.	
	(If rural, give LOCATION)	
How long In hospital or institution?	2.(a) tt veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Unna may lin		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Dennal White ! Widowell	20. DATE DE DEATH	
B.(b) Name of husband or wife Robert. Bernaul.	21. I CPATIFY that death occurred on the date above stated: that lattended deceased from	
	194 10 3 194	
7. Birth date of	and the 1 last saw bear alive on 1997	
deceased (mo., day, y.c.)	Immediate cause of death	
o. Aug.	The second grades	
59  min.	Colonary montrol	
9. Birthplace. (Town/county and state)	Due to.	
Dyres acres la .		
	Due to	
11. Industry or business		
E 12. Name Decker.	Dither conditions	
13. 8irthplace Masking was D	(Include pregnancy within 8 months of death)	
14. Maiden name & much. J. Janeless		
15. Birthplace Washing town DC	Major findings of operations	
man destail (Bell)	Date of op.	
16. Informant Mis Callering Self	Autopsy results	
Address 4703 / anglewood Unive	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Removal Date thereof Tet 3, 1947	Accident, suicide, or homicide	
(Burlal, cremation, or removal, Which?)  Uate thereof. (month) (day) (year)		
Cemetery or crematory.	Where did injury occur?	
Location Washington J. C.	Injured at home, tarm, industry, public place (where?)	
18. Funeral director The Assesses B. Danlan	Means of injury Injured at work?	
11/1 1/1/11	Plan and Hann	
Address 691- St M- NE	23. SIGNATURE MAD ON STHEET	
19. 2/3 1947 Umanda Doursey	Syalwill, Mg 2-m-47	
(Daté rec'd by registrar) Registrar	Address Date signed.	

RECEIVED FEB 6 1947 BURRAUYE 1-35

Injured at work?

Date signed 2-1-4

E OF DEATH	Reg. Diat. No.
2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	mother)
City or town Blenting	nty
Street No. 3.500 alles (If rural, give	LOCATION)
2.(a) It veteran, name war	
hanboult	3. (b) Social Security Number
MEDICAL CI	ERTIFICATION
20. DATE OF DEATH. Felrus	e 1 1047 11 2 23
21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceased from
19	
and that f last eaw halive on	19
Immediata cause of death	DURATIO
asplayer	
Due to.	
Due to	
Other conditions	
(Include pregnancy within 3 r	nonths of death)
Major findings of operations	
Autopsy results	nich death should be charged statistically.
22, VfOLENCE: It death was due to external cau	ses, fill in the following:
	le Date of 2-1-47

23. SIGNATURE

Address.

Registrar

PLEASÉ

Addrese

(Date rec'd by registrar)

S

FEB 5 1917

2411 N. Charles St., Baltimore 13120

CERTIFICATE OF DEATH

01874

Rev. Dist. No. 242

2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: information carefully. The eq (For newborn infants give residence of mother) State (If outside city or town limita, write RURAL and give nearest town Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) 2.(a) It veteran, name war ..... How long in hospital be institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION of every item o 21. I CERTIFY that death occurred on the date above stated: that I atlended deceased tron 7. Birih date of deceased (mo., day, yr.) Supply DURATION It less than one day 8. AGE: UNFADING INK. Suppart. Physicians: please 11. Industry or business especially important. 13. Birtholace (Include pregnancy within 8 months of death) PLAINLY PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide,..... (month) (day) (year) Where did injury occur? ...... PLEASE WRITE (State) (City or town) (County) injured at home, tarm, industry, public place (where?) Injured at work? Meens of injury Registrar

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'S A15 9.



BINDING

(Date ree'd by registrar)

FEB 13 1907

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	73			2	_	A
2	Dist	No	2	-5	2	0

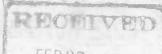
1. PLACE OF DEATH:  County (I) or town (I) outside city of town limits write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED.  (For pewborn infants give residence of mother)  State  County  City or town  Alfoutside city or town limits, write RUKAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME	3. (b) Social Security Number
Ammie M. Vall	
4. Sex 5. Color or race 6.(0) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION /2.00  20. DATE OF DEATH FISHER AS 1947 al 2000 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 11. 11. 1061.	and that I last saw h
8. AGE: Years Months Days If less than one day    10   3   11   12   13   15   15   15   15   15   15   15	Immediate cause of death DURATION Premionis 2000
9. Birthplace 77 Makes Government of County and state)	Due to Confestive Heart 2 mon
10. Usual occupation	Due to
12. Name Marie 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other conditions (Williams always)
E 14. Malden name Alloh E Trangan	(Include pregnancy within 3 months of death)  Major findings of operations.
2 15. Stripplace Washington, Dici	Date of op.
16. Informant This. Suchaffeet But	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 711 Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory + friplaming	Where did injury occur? (City or town) (Connty) (State)
Location John Location Locatio	Injured at home, farm, industry, public place (where?)
Address That In as the in	James & Sancer
19 Dute rec'd by registrar)  1947  Registrar	23. SIGNATURE M.D. or other  Addres M. D. or other  Addres M. D. or other  Date signed D. 26-1

ADIA'G INK. Supply every item of information carefully. The correctage Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNI

VS A15

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FEB 27 1947

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# VS A15

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Battimore 170-0

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: Overses	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Counly.  City or town.  (1f outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Lyo	State Manyland County Mintennes
(If outside city or town limits, write RURAL and give nearest town)	City or town
Hospital institution, or street address where death occurred:	Street No. 3112 Mc Comas ST.
Leland menonial Avopular	(If rural, give LOCATION)
How long In hospital or Institution?	2.(d) If veteran, name war world was 1
3. (a) FULL NAME	3. (b) Social Security Number
Thomas White and Sarder	215-20-2805
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mall while Surify	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) (Oet · 2, 1 9 2 5	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
2 1 4 14hrsmln.	
9. Birtholace & heart Va.	Due to Crushed abest and selve
Commercial which drives	Fracture of the shift
1D. Usual occupation & Derrice man	Due to
11. Industry or business morningade Lauredy Silvass	
13. Birthplace	Dither conditions
14. Maiden name W. Dly Opertrude Dulleday	(Include pregnancy within 3 months of death)  Major findings of operations.
15. Birthplace ? OVa.	Date of op.
16. Informant Crosell Barden brother	Autopsy results
Address 8504 Diving an Silve Spa, m	PHYSICIAN: Please underline the cause to which death should he charged statistically.
(Burial, cremation, or removal. Which?)  Date thereof. Z-18-47 0 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide the state of the
to the state of th	Accident, suicide, or homicide the part of
Cemetery or cremetery ARLINGTON MATIONAL	(City of town) (County)
Location ARHAGTON Co. VIRGINIA.	Injured at home, farm, Industry, public pland suffere to an analysis of the state o
18. Funeral director Worne & Sumplexelf.	Melygoralise along large shipled afformed to the
Address SILVER SPRINGS MARYLAND	10 Rank
19. 2th 18 1947 Jawn Serry Registrar	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Topestively Rd Date signed 2 16.47



#### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH Prince George	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  D. C.	
City or town	State	
	City or town Washington	
How long in above place of death?	City or town	
Leland Memorial	Street No	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
John Thomas Lee Beall.	none	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Widower	20. DATE OF DEATH 766.18 1947, 21 11 0 4	
S.(b) Name of husband or wife Margaret Beall	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
6.(b) Name of husband or wife deceased	January 6, 1947 19 to 76 (F 1947)	
	9-1 0	
7. Birth date of deceased (mo., day, yr.) May 1st. 1863	and that I last saw h	
8. AGE: Years   Months   Days   If less than one day	Immediair cause of death	
83 9 17 hrs. min	windy tumong 2	
9. Birthplace(Town, county, end state)	Due to Orleroscherotive Condian	
Farmer	dream	
10. Usual occupation.	Due to	
11. Industry or business		
트 12. Name Beall	Diher conditions	
Maryland	Black Conditions	
E. 113. Bittipface	(Include pregnancy within 3 months of death)	
	Major fiediegs of operations	
Maryland	Bate of op.	
Mrs Katherine Unkle.	Aotopsy results.	
16. Informant 3015 Channing St. N.E D.C.	PHYSICIAN: Please onderline the caose to which death should be charged statistically.	
Burial (19 a 101)	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Bate thereof. The Company (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cedar Hill		
Cemetery or crematory	Where did injury occur?	
Suitland, Md.	Injured at home, farm, Industry, public place (where?)	
1/1/m. Tal's Sens Br	Means of injury injured at work?	
18. Funeral director 300 - 4th. St. N.E. Wash. D.C.	1 11	
Address 300 - 4011. Dt. Wasii. D.C.	- Wing & Hadley hor	
U 1 . 12" 15 50 1 20 10	23. SIGNATURE	
19. Talod S 1947 Wine Jas Bluffl	Address 1252 acts Try Bate signed tels 187	
(Date rec'd by registrar)	Address Bate signed Date signed	



2-2450 1-10

ING INK. Supply every item of information carefully. The sicians: please write the causes of death clearly and legible

age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 31-0

# CERTIFICATE OF DEATH

01879

Reg. Dist. No. 2432

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	Maryland Paner 6	ansi's
City or town	State County County	
2 months	City or town (1f outside city or town limits, write RURAL and give nes	
How long in above place of death?	(if outside erry or town limits, write ROKAL and give nes	rest town)
Hospital, Institution, or street address where death occurred.	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, nama war	
3. (a) FULL NAME William Thomas	Beall 3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	A
61 White Widowed	20. DATE OF DEATH February 21 19 47	2:00:
m / Ch	20, DATE OF DEATH	and dom
6.(b) Name of hyphens or wife	21. I CERTIFY that death occurred on the date above stated: that I atjended dece	21 19 47
7. Birth date of	and that I last saw h save alive on Feb 20	19.4-7
deceased (mo., day, yr.) (lugus-1-1885		DURATION
8. AGE: Years   Months Days   If less than one day	Immedia cause of death	3 moult
61 6 20nrsmin.	Failwe	
1-coland - md	Carolio - Varenar	2422
9. Birthplace (Town, county, and state)	Due to Bread Descare	
10. Usual occupation Saharer	Orterios Terasio	10 00
11. Industry or business Aame	Due to. CN	
	Secretary (INENIO	1 9/7 .
12. Name Charles Goald 13. Birthplace Lectard	Other conditions.	***************************************
al me Il	(Include pregnancy within 3 months of death)	
14. Maiden name Mare Windleson Marellono, Mag	Major findings of operations.	
El 15. Birthplace Marie Marie Marie	Date of op.	
16. Informant William 1. 1 Deagle for	Autopsy results	atatistica Nv
Address Chancy - Mg		otativitany.
Briso d Jil 14, 1941	22. VIOLENCE: If deeth was due to external causes, till in the following;	
(Burial, overnation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or erematory	Where did injury occur?	(State)
Bladusa ma	Injured at home, farm, industry, public place (where?)	1
Location		
18. Funeral director The Supplemental Supple	Means of Injury Injured at work?	
Address styatlaville only	James F. Harre	en
2/6/3 112 // 1/2/11	23. SIGNATURE M. D.	or other
19. (Date rec'd by agristrar)	Address When Marlbaro, Date signed	2-21-47

MAR 4 1841 BEREAU V.B.

2-2430 -2-10

frect age

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bia

# CERTIFICATE OF DEATH

(1881) Reg. Diat. No. 23/0

1. PLACE OF DEATH: County Trunce Oponics	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State maryland County Prince Search
How long in shows place of death?	City or town. (If outside city or town limits, write RURAN and give nearest town)
Pospital, Institution, or street address where death occurred:	Street No. 2
How long In hospital or Institution?	(If rural, give LOCATION)
3. (a) FULL NAME	
george merritt	3. (0) Social Security Number
4. Sex 5. Color of Yace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
BOAR 50 0	20. DATE OF DEATH
B.(b) Name of husband or wife teffe Ellen Lelen	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
hrs,min.	- Coroney Occusion
9. Birthplace (Town, county, and state)	Due to Cardions en la rene
10. Usual occupation Carpenters	auseasi
11. Industry or business General Reuldin	Due to
12. Name Pelew (Belew )	Other conditions
K	(Include pregnancy within 3 months of death)
14. Malden name	Majer findings el operationa
16. Informant Mass Ellis Ille Gelan	Autopsy results.
Address 570 a alleuton Rd	PHYSICIAN: Please underline the cause te which death should be charged statistically.
17 Burial Bate thereof Febr 18 1947	22. VIOLENCE: If death was due to external causes, till in the following:
(Bnrinl, cremation, or removal. Which?)  Cemetery or crematory.	Accident, suicide, or homicide
Location alexandera / Trag.	(City or town) (Connty) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director 21 21 Chambers Com	Means of Injury Injured at work?
Address 5/7/1/4 St. S. C.	Repet medecal spayme
19. F. 86-16 1947 amandahorono	23. SIGNATURE
(Date rec'd by registrar) Registrar	Address Trestritte Date signed 2-16-47

WILKER OF THE WILLIAM OF STATE OF STREET

THE STREET STATES OF STREET

FEB 18 1947
BUREAU V 4.

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2411 N. Charles St., Baltimore

01881

CERT

IFICATE	OF	DEATH	Reg. Dist.	No. 242

1. PLACE OF DEATH: County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give residence of mother)  State County County
City or town	City or town (if outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Hospilat, institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME naomi Helen Berre	3. (b) Social Security Number
7. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   2. Colored   2. Colore	MEDICAL CERTIFICATION  20. DATE OF DEATH. FOLLOW 19 47.01 11 2 PM
8.(b) Name of husband or wife Benjami (Serry	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8,(c) If alive, give age years	and that I last saw h
7. Birth date of deceased (mo., day, yr.) 7eh 9, 1908	Immediata cause of death
8. AGE: Years 8 Months Days If less than one dayhrsmin.	Toperon
9. Birthplace Weshiten DG (Town, county, and state)	Due to Premova - John
10. Usual occupation Companie	Due to
11. Industry or business	000 (0
12. Name Charles Mercer  13. Birthplace Washington DC.	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Superity Flouring 15. Birthplace Vingina	Major findings of operations
18 Informant hour Jackson	Autonay yearlis
Address 666 - Chellan J ne DE	PHYSICIAN: Please underline the cause to which death ahould be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  [Burial, cremation, or removal. Which?]  [Burial, cremation, or removal. Which?]	Accident, suicide, or homicide
Cometery or crematory Sincola Mansonal.	Where did injury occur?
Location Suitland Rd	Injured of home, farm, industry, public placs (where?)
18. Funeral director Malvan & Schen	Means of Injury - Injured at work?
Address 404-18.51. N. w	22 SIGNATURE COMMENT OF FORM
19 Feb 5 10 47 Carrie J. Campbell	Address Date signed 447
(Date rec'd by registrar) Registrar	THE RELEASE THE PROPERTY OF TH

JARGIN RESERVED FOR BINDING

e correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The VS A15

(Date rec'd by registrar)



PLEASE

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correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

# CERTIFICATE OF DEATH

(1883 Reg. Diat. No. 23 (

(If outside	am, Mary L city or town limits, w th? 3 We address where death o	Land  Write RURAL and give nearest town)  Ooks  courred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland Couoty Prince George City or lown Immits, write RURAL and give nearest town)  Street No. 2nd Street (If rural, give LOCATION) NONE  2.(a) If yeleran, name war.	
3. (a) FULL NAME	KENNETI	H GRANVILLE BROWN	3. (b) Social Security Number None	
4. Sex Male 5. C	White 6.6	s)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION  20. DATE OF DEATH	45.
6.(b) Name of husband or wis  7. Birth date of deceased (mo., day, yr.)	Nor January	6.(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19	
10. Usual occupation	l shington (Town, county None None None Ite R. Jaryland	If less than one day  If less than one day	Due to Smothering Iss  Mattress of bossessessessessessessessessessessessesse	
Address 2nd St  Burial (Burial, cremation, or re Cemetery or crematory Location Washir  18. Funeral director	Fort Lington, D. W. W. CHAD		Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide as a factor of the county of t	47

MAR 4 1947

VS A15

The correct age gibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82)

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  county Prince George's  City or town Camp Springs  (If outside eity or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  5504 Allentown Road			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a state. Maryland Court of town. Camp Springs (If outside city or town limits street No. 5504 Allentown (If rural, give	write RURAL and give nearest town)  Road
How long In hospital or institution?			2.(a) It veteran, name war	
3. (a) FULL NAME				3. (b) Social Security Number
G1	enn Garf	leld Buckler		
4. Sex 5. Color or	race 6.(u)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION
Male Whit	e S:	ingle	20. DATE OF DEATH February	26 19.47 at 9:00A
6.(b) Namo of husband or wife			21. I CERITFY that death occurred on the date ebo	
		c) It alive, give ageyear	19	, to
7. Birth date of			and that I last saw halive on	
deceased (mo., day, yr.)  8. AGE: Years   Month	anwary 1	1 It less than one day	Immediate cause of death	X1.8 DURATION
o. AGE.	1 177	hrs. min		
9. BirthplaceChev.ex.  10. Usual occupation			Due to. Smothering in	bed clothing
		1 Buckler	Other conditions	
置 14. Maiden name	ryland anche Gol yland	ldsmith	(Include pregnancy within 3 m	
16. Interment Mrs. B	lanche Bu	ickler	Autopsy results	
Address 5504 Al	lentown B	Road	PHYSICIAN: Please underline the eanse to wh	
(Buriat, cremation, or removal Cemetery or crematory Localion	Which?)	eot. 2 -27 - 47 (month) (day) (year)		nt Date of 2/26 /47
Address 5 504 Clle  19. 2 - 26 19 (Date ree'd by registrar)	47 172	Pd. Pamp Springsh vs Dufflet	Deputy Medical Ex	and nerv 3. A. D. or other 19647

RECRIVED

VAR 3 99

BUREAU V.B.

2-2420 - 2-10

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I	WITH
	PLAINLY,
9-45-15M	WRITE
VS A15	PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01884

# CERTIFICATE OF DEATH

Reg. Dist. No. 2431

/		
1. PLACE OF DEATH:  County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	State D. C. County	
	Monhanaton	
How leng in above place of death? 1 year, 22 days	(If outside city or town limits, write RURAL and give n	
Hospital, Institution, or street address where death eccurred: Glenn Dal e Sanatorium	Streel No. 1710 28th St., S. E.	
Hew long in hespital er Institution? 1 year, 22 days	(If rurni, give LOCATION)	
	2.(a) It veteran, name war	
FRANCIS J. BURNS	3. (b) Social Security 577-01-503	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE OF DEATH FEBRUARY 2 19.47	19:25A
6.(b) Name of husband or wife Ellen P. Burns	21. I CERTIFY that death occurred on the date above slated; that I altended det  JAN. 9. 19.46 to FEB.	ceased from
7. Birth date of 7. DO 2006	and that I last saw h. i.M. alive en Fa.6 2	19.47
deceased (mo., day, yr.) Jan. 22, 1096		DURATION
8. AGE: Years   Months   Days   If less than one day	PULMONARY TUBERCULOSIS	4 4
41 41 0 10hrsmin.		
9. Birthpiace	Due to	***
1D. Usual eccupation Statistical Clerk		
10. Usuai eccupatien	Due te	****
11. Industry er business		
單 12. Name Patrick J. Burns	Other conditions G.I. TUBERC ULOSIS	4 10
13. Birthplace Massachusetts	TUBER CUL. LARYNGITIS (Include pregnancy within 3 months of death)	5 M
14. Maiden name Catherine Cunningham	(Include pregnancy within 3 months of death)	
14. Maiden name. Catherine Cunningham Rhode Island	Major findings of operations.	
	Date et ep	
16. Informant Deceased	Antopsy results	
Address	PHYSICIAN: Please underline the cause to which death should be charge	d statistically.
IK a A	22. VIOLENCE: It death was due to external causes, till in the following:	
(Burial, cremation, or removal, Which?)  Dale thereet (month) (day) (year)	Accident, suicide, er hemicide	
Cemetery or crematery To Wash DC	Where did injury occur?	(Ctota)
Commercial of Chemisters.		(State)
Localion	Injured al heme, tarm, industry, public place (where?)	
18. Funeral director Thomas B - Monton	Masns of Injury Injured at work?	
111 5/1 11 18	(1) .00,00.	-u. D.
Address (t. A. P. N. I. II. C.	23. SIGNATURE January Leo Finicare	1/h Ve
is Freb 2 1947 Kowland & Philips	40 (2100 mid	or other
(Date rec'd by registrar) Registrar	Address Ville Date signed	May they

FEB 15 1947
BUREAU

2-2430

- 2-10

PLACE OF DEATH.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-4-

01885

# CERTIFICATE OF DEATH

2 USUAL RESIDENCE (HOME) OF DECEASED

Reg. Diat. No. 2 431

County Prince Georges	(For newborn infants give residence of mother)		
City or town Glenn Dale, Maryland, (If outside city or town limits, write RURAL and give nearest town)	State		
How long in above place of death?7mos, 25days	City or town Washington (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium	Street No. 933 H St., N. W. (If rural, give LOCATION)		
Cleim Data Canacor Ium	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
SHERMAN W. BY	(R) 579-20-3373		
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single (common-law wif			
Male   White   Single (common-law wif	20. DATE OF DEATH. Feb. 1 1947 at 12 12 P.		
5.(6) Name of husband or wife Mrs. Catherine Handback	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	May 6 19. 46 to Feb 1 19. 47		
7. Birth date of	and that I last saw h 1 malive on Feb. 1 19 47		
deceased (mo., day, yr.) Oct. 14, 1908	Immediate cause of death		
8. AGE: Years Months Days If less than one day			
38 38 3 17hrsmin.	Pulmonary Tuberculoria 19 mo		
9. Birthplace Phillipsburg, North Carolina (Town, county, and atate)	Due to		
10. Usual occupation. Floor Sander			
	Due to		
11. Industry or business			
置 12. Name. John Byrd	Dther conditions		
13. Birthplace Phillipsburg, North Carolina	(Include pregnancy within 3 months of death)		
14. Maiden name Ella Shields	(Include pregnancy within 8 months of death)		
	Major findings of operations.		
15. Birthplace Phillipsburg, North Carolina	Date of op.		
16, Informant Deceased	Autopsy results		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Byrial, cremation, or removal, Which?)  Date thereof (month) (dety) (year)	Accident, suicide, or homicide		
Distr. : L. March			
Cemetery or crematory	Where did Injury occur?		
Location Washington A.C.	Injured at home, farm, industry, public place (where?)		
Oshan Sa ctail maint salet	Means of Injury Injured at work?		
	(A) A		
Address Deline Date San Allem Deli mit.	the same the transcome me		
0(.)0(0.	23. SIGNATURE M. D. or other		
19. L. ch., 19. 19 47 Toruland S. Philips (Date rec'd by regisfrar) (Date rec'd by regisfrar)	Address & lens Dale Ma. Date signed 2-1-47		
	The state of the s		



2-2430

2-10

MARGIN RESERVED FOR BINDING

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (190)

11886

### CERTIFICATE OF DEATH

	The state of the s
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Prime Glances	(For newborn infants give residence of mother)
City or town alex Port Heights	State County County
(If outside city or town limits, write RUKAL and give nearest town)	City or town Secution
How long in above place of death?. Hospital, institution, and street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
59 Ch Cerry	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	
John Cheshu	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, margled, widowed, or divorced	MEDICAL CERTIFICATION
Jan 100 Calord Sure	
most costage / resp.	20. DATE OF DEATH. 7 ale 8 19 4 7 21 / 1 974
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	,
/hrsmin.	Exposure to cold
8. Birtholace houth Coroline	Due to The The
(Town, county, and atate)	ma all walk
10. Usual occupation.	Que 10
11. Industry or business 2 - 5 -	SUC TUNISHED
	Bib. Julian
12. Name Chastnel 3. Birthplace Casalus	Dither conditions
	(Include pregnancy within 3 months of death)
置 14. Maiden name	Major fiodings of uperations
14. Maiden name Chas Carbee  15. Birthplace  The Carbonian Carboni	
of Chartness	Antrosy resolts
16. Informant	PHYSICIAN: Please underline the caose to which death shoold be charged statistically.
Address Que out )	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Kemoval Date thereof Dr. 9, 1947	Accident, suicide, or homicide accelent Date of 2-8-47
(Burial, cramation, or removal. Which?)  (Burial, cramation, or removal. Which?)	Where did Injury occur? Der Pour to get P. 5 me
Cemetery or crematory	(City or town) (County) (State)
Location 424 R.St. Washington 4.	Injured at home, farm, industry, public place (where?)
7 Desche some	Means of interes in Open heart of Vinter of Work?
18. Funeral director	blotsut mederal forme
Address Ayallerille ong!	23. SIGNATURE OF THE ACTUAL TO A
2/9 47 amanda Naunen	M. D. or other
19,	Address Tooler Wife signed 27 4



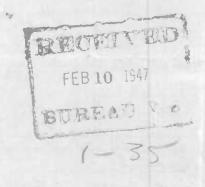
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-6)

# CERTIFICATE OF DEATH

24/5

Y. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County There I The Table 1	State Maryland County Prince George
City or town	1
How long in above place of death? 340. 3ms. 19days.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 4010 -332 St
Leland memorial Hospital	(Ifrural, give LOCATION)
How long in hospital or institution? 3 4 3 ma 19 days	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Clayton, Louella Ma	of
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. while widowed	20. DATE OF DEATH TUE 1947, 215 a. M
	21. I CERTIFY that doubt occurred on the date above seled; that I attended deceased from
6.(b) Name of husband or wife	Oct 20 1948, 10 4 cb 8 1947
7. Birth date of	and that I last saw h Let alive on 4 Lb 1 18 4 7
deceased (mo., day, yr.) Noc. 2, 1882	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Preprat Thrombois 3 4415
64 2 18hrsmin.	
9 Rirthniace I own	Due to Lightree anteriosclerona -
9. Birthplace	DUE 10
10. Usual occupation - Rousewife	B. A.
11. Industry or business	DUB TO
wi ( 1	Dither conditions Epillipsy
Ė	
[ 13. Birthplace Massouri	(Include pregnancy within 8 months of death)
14. Maiden name Rebecces ann Hildrets	Major findings of operations
15. Birthplace Indiana	Date of op.
16 Informant Thospital Records	Autopay results
P- 1 las 1- 10	PHYSICIAN: Please underline the cause to which death should be charged statistically.
101 4-10 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlsi, cremation, or remoyal, Which?) (anonth) (day) (year)	Accident, suicide, or homicide
First of cala.	Where did injury occur?
Cemetery or exponenting (many of well)	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director. I which some	Means of Injury Injured at work?
Address Systleville mg,	I W Malin mit
7.10	23. SIGNATURE M. D. or other
(Date ree'd by registrar)  (Date ree'd by registrar)  (Registrar	Address of werdale med Date signed 2-8-U.S.
( Date tot d by regionar)	



9-45-15M

VS A15

1. PLACE OF I	FATU.			E OF DEATH
County		orges		2. USUAL RESIDENCE (H) (For newborn infants give
	Glenn Dale,	Maryl	and. RURAL and give nearest town)	State D. C.
How long in above ni	r outside city or town lin	ays	RUKAL and give nearest town)	City or town Washingto
Hospital, Institution,	or street address where d	eath occurre	d:	Sireet No. 312 L. St
	Glenn Dale	Sanat	orium	0
3. (a) FULL NA		uay.s	······································	2.(a) It veleran, name war
3. (a) FULL NA		EORG,	E JACOB COLE	
4. Sex	5. Color or race		le, married, widowed, or divorced	MED
Male	Colored	Se	parated	
				20. DATE OF DEATH
			ng <sup>C</sup> ole	21. I CERTIFY that death occurred o
7. Birth date of	•••••	6.	(c) It allve, give age	and that I last saw h.falive
deceased (mo., da	y, yr.) June 1	, 190	6V	Immediais cause of death
8. AGE: Ye	ars Months	Days	If iess than one day	Pulmona
11 11	1 1	27_	hrsmin.	
9. Birthplace	Carolina Co	unty.	Virginia	Due to
1D. Usual occupatio	Labor	pr		
11. Industry or bustr				Due to
		e		Diher conditions
13. Birthplace	Carolina C			
H 14. Maiden nan				(Include pregnan
1 To merech hen	Carolina C			Major findings of operations
E 15 Rirthgiage		J		Antopoy results. Widesft
14. Maiden nam	Doggood			Autopsy results
16. Informant	Deceased	••••••		PHYSICIAN: Please underline the
H	Deceased		7	PHYSICIAN: Please underline the
16. Informant	Deceased.		eot. Zr. 28, 1947 (month) (day) (year)	PHYSICIAN: Please underline the 22. VIOLENCE: If death was due t Accident, suicide, or homicide
16. Informant	on, or removal. Which?)		7	PHYSICIAN: Please underline the 22. VIOLENCE: If death was due t Accident, suicide, or homicide
Address  17	on, or removal. Which?)		7	PHYSICIAN: Please underline the 22. VIOLENCE: If death was due

01888

Reg. Dist. No. 243/

1. PLACT OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)	
County Prince Georges			۹		
Cily or town Clenn ale, Maryland. (If outside city or town limits, write RURAL and give nearest town)			RAL and give nearest town	State	
How long in above place of death? 26 days			and Brita House to Willy	City or town Washington (If outside city or town limits, write RURAL and give nearest town	n)
Hospital, Institution, or street add					
			ium	street No. 312 L. Street, S. W. (If rural, give LOCATION)	
How long in hospital or institution	26 d	ays	······································	2.(a) It veleran, name war	
3. (a) FULL NAME				3. (b) Social Security Number	
	GEO	REF	JACOB COLE		
4. Sex   5. Color			narried, widowed, or divorced	577-12-252l <sub>1</sub> MEDICAL CERTIFICATION	
35-7 .	7 1	C			15
Male Co	lored	Sepa	rated	20. DATE OF DEATH. Feb. 28 19 47 at /2	AN
6.(b) Name of husband or wife	Margaret	King	Cole	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
		0 (0)	33	Jan. 31 1947, 10 Feb 28	
7. Birth date of			t alive, give age33years	and that I last saw h.l. from alive on Feb 28	19.42
	June 1,		V	Immediais cause of death	RATION
8. AGE: Years Mo	nihs D	lays	If less than one day	Pulmonary Luberculoris 3 v	no
11 11	1 2'	7	hrs min.		
9. BirthplaceCarol	ina Coun	tv. V	irginia	Due to	
*			te)		
1D. Usual occupation	Laborer		***************************************	Que to.	
11. Industry or business					
置 12. Name Willi	am Cole		***************************************	Diher conditions	
13. Birthplace Caro	Jina Cou	ntv.	Virginia		
		0 0	-	(Include pregnancy within 3 months of death)	
h 1	lina Cou			Major findings of operations.	
				Date of op.	0
16. Informant	eased			Antopsy results Widespread bulotud wefiltedion of it	ings.
Address				PHYSICIAN: Please underline the cause to which death should be charged statistical	у. У
Remark	l.		7 1-28 1944	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burlal, cremation, or remov	val. Which?)	ate thereot.	(month) (day) (year)	Accident, sulcide, or homicide	
Cemetery or crematory			<b>7</b>	Where did Injury Occur?	************
Location to Washington, DC.		m, DC	Injured at home, farm, Industry, public place (where?)		
Location		1/ -		Means of injury Injured at work?	
18. Funeral director	u.J. 11	has	se + Co	means of injury	
Address 90/ -	3 3	F.	5 W	A) siel los finucano	ma
1000	117 R	0	d& Do. o.	23. SIGNATURE M. D. or other	1/500.
(Date rec'd by registrar)	19.4	, and	Registrar	Address I lenn Dale Md Date signed 2-28	-47

MAR 12 1947
BUREAU V B.

2-2480 - 2-10

# 9-45-15M

# PLEASE VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /37-07

## CERTIFICATE OF DEATH

(1889 Reg. Dist. No. 23/

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME  Cusick, William 74.	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Morared	MEDICAL CERTIFICATION  20. DATE DF DEATH  20. DATE
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  1-15-47  19  10  2-18-49  and that I last saw h. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
8. AGE: Years   Months   Days   if less than one day	Immediate cause of death DURATION  (QV Q16C In Sufficience 9
9. Birthplace	Due to
11. Industry or business    12. Name	Dither conditions. J.
Address  Oxon 7411, 1900  17. Burial, cremation, or remove Which)  Cemetery or crematory. St. Graduus (emelery)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: if death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director. W. W. Chambers Co.  Address S17 11 th Str S. F. Ward D. C.	means of injury  23. SIGNATURE Supel W Sugles M. D. or other
19. (Date ree'd by registrar) Registrar	Address June george general / Hogged

FEB 20- 1917

1-35

rectag

1. PLACE OF DEATH:

ADING INK. Supply every item of information carefully. The complyicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH is especially impor-

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

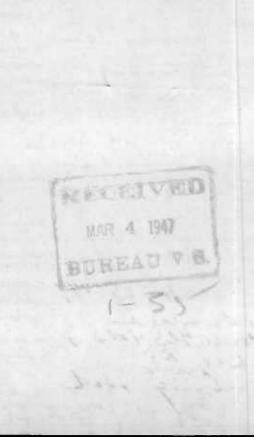
2411 N. Charles St., Baltimore ?)

2. USUAL RESIDENCE (HOME) OF DECEASED:

#### CERTIFICATE OF DEATH

Reg. Dist. No. 2310

county These garger	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Many County County
9	City or town (If outside city or town limits, write RURA) and give nearest town)
How long in above place of death?	to a contraction of
Hospital, Institution, or atreet address where death occurred:	Street No. 6.
1004 - 59th Care	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Phyllis Warr	3. (b) Social Security Number
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Caloned Sugar	20. DATE OF DEATH. 7 06 20 19 47 21 7 01 PM
C (A) Nove of husband or wife	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from
6.(b) Name of husband or wite	
8.(c) If alive, give age	and that I last asw halive on
deceased (mo., day, yr.) much 29, 1944	Immediate Cause of death
8. AGE: Years   Months   Daya   If less than one day	De-lesson of
2 10 28hrsmln.	
S. Birthplace ((Town, county, and state)	Due to.
10. Usual occupation. No	Due to
11. Industry or business	
E 12. Name Clariton Alanay	Other conditions Territorials
13. Birthplace Alestrest Colembra	(Include pregnancy within 3 months of death)
14. Malden name Encue Contactor	Major findings of operations.
E 15. Birthplace Marks	
16. Intermant Clinton Darmony	Actopsy results
Address 1 19 pc 4-17 9 th ang James 1 18 4	
3 70,98,949	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, aulcide, or homicide
Cemetery or crematory And Long Canada & Language	Where did Injury occur?
Location Few wal House 423 4 Rt. 8 M	Injured at home, farm, industry, public place (where?)
18. Funeral director & Gaschale DC	Meena of trijury Infured at work?
Address Madenaharts and	Mepuly needers from
1, 2/28 1947 amanda Downer	23. SIGNATURE M. D. or jother
(Daty rec'd by registrar) Registrar	Address Date signed The Date Signed The Address Date Signed The Date S



PLAINLY, 1 is especially

RITE

MARGIN RESERVED

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residunes of mother) 1. PLACE OF DEATH: Prince Georges County County Pro Geo County Maryland Landover Maryland (If outside eity or town limits, write RURAL and give nearest town) Landover Maryland (If outside city or town limits, write RURAL and give nearest town) 33 years How long in above place of death?..... Hospital, Institution, or street address where death occurred: Defence Highway (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number Curtis C. De Neane 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION male white married 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife Florence De Neane Jan 4, 1884deceased (mo., day, yr.) If less than one day 8. AGE: .....hrs. .... Washington D. C. 11. industry or business Government Printing office 12. Name Joseph De Neane 13. Birtholace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace Phebe Cheyney Major findings of operations..... Florence De Neane PHYSICIAN: Please underline the cause to which death should be charged statistically. Landover Laryland Address 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof Feb 26, 1947 (Burial, cremation, or removal, Whieh?) Accident, suicide, or homicide...... Date of Where did injury occur? .....(City or town) Fort Lincoln injured at home, farm, industry, public place (where?) ..... Washington D. injured al work? Means of injury Hvattsville Maryland 23. SIGNATURE.



PLEASE

# Evidence for the change of age is shown on G 109 3/3/47 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9467

\* 01892

#### CERTIFICATE OF DEATH

Reg. Dist. No. 23/0

V. PLACE OF DEATH: Seorge	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
1 Via Lian () s Ald	State Mary Can d County Pennel Yeong T
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town (If outside city or pown limits, write RURAL and give negrest town)
How long in above place of death r	Street No. FUBURN AUC. & 3 rd Auc
PRIME TENGES HOSP	(Af rural, give LOCATION)
How long in hospital or institution? 49 days	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Derry, Mrs. mary	
4. Sex Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION , 30
+ w married	20. DATE OF DEATH. 2 - 2 2 19 47 21 6 77 N
Charles W. Levry	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	dare 1 1845 10 Feb 2 1947
7. 8irth date of deceased (mo., day, yr.) Marcl 20, 1888	and that I last saw h. S.A. alive on
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediais cause of death
o. Aug.	Brench of Cesting 2 years
	100000 01/Wil
9. Sirthplace	Due to
10. Usual occupation at home	
11. Industry or business	Oue to
	Dither conditions Ceremony durfif acere 6 and
12. Name Cremina, Cherry  13. 8irthplace Kanson	
	(Include pregnancy within 3 months of death)
14. Maiden name unkenow  15. 8irthplace Kansae	Major findings of operations
El 15. Birthplace	- Date of op,
18. Informant	Autopsy results
Address Address 1611	The second secon
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Rusumanile	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory.	
Location denna	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?
18. Funeral director & Suschs port	Means of Injury Injured at work?
Address Styattavelle And.	(1 Port, COX)
2/22 / 1/2 P. 1. Vhyma	23. SIGNATURE M. D. or other
19. (Date rep'd by revistrar) (Registrar	Address Date signed 2 224)



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# VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /o

# CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Much Claret	State margland county Prime george	0
(If outside city or town limits, write RURAL and give nearest town)	I A A A A A A A	J. C.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	****
606-60 Comment	Street No. 606-60 the Gre	
How long in hospital or institution?	(If rural, give LOCATION)	
3. (a) FULL NAME	2.(a) If veteran, name war.	
John Oden her	3. (b) Social Security Number	
4. Sep 5. Color or race 6.(a) Single, married, widowed, or divorced when the colored the c	MEDICAL CERTIFICATION  20. DATE DE DEATH 19. 47.	Bp
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
		********
7. Birth date of deceased (mo., day, yr.) Quarist 10	and that I last saw halive on	
8. AGE: Years   Months Days   If less than one day	Immediate cause of death DURATIO	IN
113hrsmin.	- Jopenna	•••••
9. Birthplace (Town, county, and atate)	Due to Solar Pressure	***********
10. Usual occupation Apusline		
11. Industry or business	Due to	********
12. Name John Jo. Duson	Dther conditions	
#	(Include pregnancy within 8 months of death)	_
14. Malden name	Major findings of operations	
15. Birthplace many band	Date of op	*******
16. Informant dillian d. Jugletary	Antopay results. as alma	
Address 606 - 60 the Cure.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	-
(Burial, cremation, or removal, Which?)  Date thereif:  (month) (day) (year)	22. VIOLENCE: If death was due to externat causes, fill in the following:	
1041 - 104 Chill	Accident, suicide, or homicide	
Gemetery or crematory	Where did injury occur?	
Location Dashington 276	injured at home, farm, industry, public place (where?)	
18. Funeral director Aubert To he Gure	Means of injury   Injured at work?	
Address 1820 - 9 th St. N.W. Washington DC.	ruping march goom	~
197 19 James Serry (Date rec'd by registrar)  (Date rec'd by registrar)	23. SIGNATURE M. D. or thet	

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13.

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#### CERTIFICATE OF DEATH

Reg. Dist. No. 2431

1. PLACE OF DEATH: Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State D. C. County
How long in above place of death? 5. Mos., 24 days  Hospital, institution, or street address where death occurred:  Glenn Dale Sanatorium	City or town. Washington (If outside city or town limits, write RURAL and give nearest town)  Street No. 651 G. St., N. E.  (If rural, give LOCATION)
How long in hospital or institution?5mos., 21 days	2.(a) If veteran, name war
3. (a) FULL NAME  CHRISTOPHER W. E	3. (b) Social Security Number 242–32–8149
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Single	20. DATE OF DEATH. Feb. 24 19 47 , 21 5: 30 A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	aug 29 1846 10 Feb 24 1847
7. Birth date of	and that I last saw h. i. non. alive on Feb 24 19 47
deceased (mo., day, yr.) Dec. 25, 1921	Immediais cause of death
o. Add.	Pulmanag Cutercaloris 6 mo.
22 22 1 29min.	
9. Birthplace Morgantown, North Carolina (Town, county, and state) Bus Boy	Due to
	Due to
11. Industry or business Cafeteria, Pentagon Bldg.	
12. Name Osia Ervin 13. Birthplace Morgantown, North Carolina	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Nina Moore  15. Birthplace Morgantown, North Carolina	Major findiags of operations
15. Birthplace Morgantown, North Carolina	Date of op.
16. Informant Deceased	Antopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address  17 Cerrol Date thereol 2-24-47 (Burlal, cremation, or removal, Which?)  Date thereol (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
To be Condense	
Cemetery or crematory.	Where did Injury occur?
Location	Injured at home, farm, Industry, pub <sup>1</sup> lc place (where?)
18. Funeral director Ergene Ford	Means of Injury Injured 2t work?
Address / 2 (3 4 th St. S. W. Weck 4. D.C.	23 SIGNATURE Daviel Leo Pinucas MD
19. Feb. 24 19 47 Rouland & Philips (Date rec'd by registrar) Registrar	Address & lem Dale Md. Date signed 2.24-47



# A15 AS

	les St., Baltimore (3)-2
	TE OF DEATH Reg. Dist. No23.2
1. PLACE F DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
How long In hospital or institution?	2/a) If veleran, name war
3.(a) FULL NAME Sacoh L. U	3. (b) Social Security Number
4. Sex 5. Poler or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male lotte married	20, DATE OF DEATH February 6 1947 at 3:45
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that f atlended deceased from 30 19 4 10 February 19 4 and that I last saw hours alive on February 19 4
8. AGE: Years Months Days If less than one day	Due to Disease.  Disease.  Due to Disease.
12. Name	Diher conditions Collected Clarons 5 yrs.  (Include pregnancy within 3 menths of death)  Major findings of operations.
16. Information of the Tester  Address Upper Marlboro	Autupsy results.  PHYSICIAN: Please underfine the cause to which death should be charged statistically.
17. Durial, cremation, or removal, Which?)  Cemetery or ofematers.  Date thereof. 2-7-47 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or honoicide
Location tebrew Treendship Com	Injured at home, farm, Industry, public place (where?)
18. Funeral director ### Address   ### ### ### ######################	23. SIBHATURE James 6. Lerseer M. D. or other Address Uffer Marlboro, Date signed 2 7 6 7

#### CERTIFICATE OF DEATH

2	2411 N. Char	es St., Baltimore (B/a)	4
	CERTIFICA	TE OF DEATH	Reg. Dist. No. 234
1. PLAGEOF DEATH: County Prince Georges		2. USUAL RESIDENCE (HO	ME) OF DECEASED:
Cily or town. (If outside city or town limits, write EURAL	and give nearest town)	Stale Manylan City or town allend	County County
How long to above place of death?	rad	Sireel No. 6 625 Q	cown limits, grite RURAL modgive nearest town)
How long in hospital or institution?		2.(a) It veteran, name war	
3. (a) FULL NAME Cally Li	ely Tra	nklin	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, marrie	d, widowed, or divorced	MEDIC	CAL CERTIFICATION 30
Jewsle White man	med	20. DATE OF DEATH tel	ua 9 19 47 21/2 /
8.(b) Name of husband or with Dangemen	paublin	. 11	the date above stated: that f attended decrassed from
C (a) if all it	e, give age 7 3 year		19
7. Birth date of deceased (mo., day, yr.) Quests 4	1874	and that I last saw h	19
8. AGE: Years Months Days Itle	ess than one day	Coronay	Jeclusion
	hrsmin		2001 2010
9. Birthplace ((Town, county, and state)		Due to.	
10. Usual occupation Houseurfe	***************************************	Due to.	
11. Industry or business Gren Home			
E 12. Name Thomas To	ld	Other conditions	
12. Name	• A A	(Include pregnancy	y within 3 months of death)
H 14. Malden name	lleben	Major findings of operations	
2 15. Birthplace White	10		Dale of op
16. Intermant	film	Autopsy results	cause to which death should be charged statistically.
Address 66 25 allenton	7	22. VIOLENCE: If death was due to	
17. Bunia, cremation, or removal, Which?)	(month) (day) (year)	Accident, eulcide, or homicide	
Cemetery or crematory and the Company		Where did injury occur?(City	
4 4 6 11	0		ic place (where?)
18 Funeral director Than Fe Manay F	Emual Home	Means of Injury	Injured at work?
==12 1-1/1 000	de seed by	" Meparty n	reduced com
Address 280/ neshed and	nasn 100	23. SIGNATURE	M. D. contrer
(Date rec'd by registrar)	By Goo Registra	Address Foresti	rely med Date signed 2 - 9-4

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

## CERTIFICATE OF DEATH

(191)1 Reg. Diat. No. 2450

1. PLACE OF DEATH: Prince George Co., Wear Tak. Pk. Md				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	mother)	
City or town			URAL and give nearest town)		State County Washington 9. C.	
			***************************************		s veita RIIRAL and cine n	en book form)
Hospital, Institution, or	street address where	death occurre	d:	Street No. 24 Franklin St		
Mother J	ones Res	t Hon	10	Street No. C.T. 11411A 1411		
How long in hospital or	Incellection 2	(Rig	gs Rd. Ext			
now long in nospital of	institution to		7	2.(a) If veteran, name war		
3. (a) FULL NAME		rgare	et O. Freema	n	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
F	W		Widow ·	20. DATE OF DEATH Feb		4:15 PM
B.(b) Name of husband o	r wife Ral	ph	Α.	21. I CERTIFY that death occurred on the date abo	ive stated: that I attended de	reased from
		8.1	e) If allow also are	19.		
		0 -	c) If alive, give ageye	and that I last saw halive on	dust >	3 19.7
deceased (mo., day, yr.	v			Immediate cause of death.		
8. AGE: Years	Months	Days	If less than one day	1 andesto	neutr	1-2-
86	4	7	hrs m	in.	**************************************	1.511
14/4-14	D. C.				***************************************	··· ··································
9. Birthplace	(Town,	eonnty, and	tate)	Due 10	***********************************	·· /
1D. Usual occupation. Housewife			•••••			
		Due to				
11. Industry or business						***
12. Name Straub			ub	Dither conditions		
12. Name Straub Va						
				(Include pregnancy within 3 m	nontha of death)	
14. Malden name		***************************************		Major findings of operations		
15. Birthplace	Va			myor manage of optimization		
Ra]	lph A.	Freem				
Address 24 Franklin St. N. E.				PHYSICIAN: Please underline the cause to wh		
			7	22. VIOLENCE: If death was due to external cause	ses, fill in the following;	
(Barial, cremation, or removal, Which?)  Date thereof an 1947 (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide	Date of	
	St. Ma	pyts	Cem.			
Generally or Cramatory.		Where did injury occur?(City or town)	(Connty)	(State)		
Location Sashington Do			<u>C</u>	injured at home, farm, industry, public place (wh		
18. Funeral director. Th	ne S. H.	Hine	s Co.	Means of Injury	Injured at work?	-
Address 2901-			,	CAMILLA.	17,10	1/2.
4111			0	23. SIGNATURE		or other
19 Tet 10 19 James OWEY (Date rec'd by registrar) Registrar			0 = +0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ar Addrage 35 Me (	M. D.	9116 XIV

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FEL 28 1947
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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibles.

PLEASE WRITE

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore 157

## CERTIFICATE OF DEATH

Reg. Dist. No. 243/

City or town(1f c  How long in above place Hospital, Institution, or	Prince Georgian Dala Subside city or town it of death? 7.1 street address where Glenn Dale	Sanate mits, write R mos. death occurred Sanate	orium	City or town. Weshington, D. C.  (If outside city or town limits, write RURAL and give nearest Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.	
3. (a) FULL NAMI	CH	IARI	ES GAMI	3. (b) Social Security Num	nber
4. Sex	5. Color or race	6.(a) Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	Colored	S	ingle	20. DATE OF DEATH. J. el. 5, 19.47, at.	3.40 A.
6.(b) Name of husband  7. Birth date of deceased (mo., day, y	N 0	6.(0	e) If allve, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased 9., 19. 4.6	from 19.44.7
8. AGE: Years		Days	If less than one day	Immediais cause of death	25 da
1 2	2	11	hrsmln.		<u> </u>
9. Birthplace				Due to Prelimany Tuber culosis  (Primary infection)	11 mo.
12. Name			h Carolina	Dther conditions	
14. Maiden name.  15. Birthplace	Ida Kenne Rockhill,	dy North	Carolina	(Include pregnancy within 3 months of death)  Major findings ol operations	
16. Informant	Nancy Ga	mble,	Aunt	PHYSICIAN: Please underline the cause to which death should be charged statistical of the cause to which death should be charged statistical of the cause of the	edically.
17. Removal (Burial, cremation, or removal, Which?)  Date thereof. L. L. (6, 1947 (month) (day) (year)				Accident, sulcide, or homicide	
Commetery or crematory  Location to Washington, D. C.			~,D.C.	Where did Injury occur? (City or town) (County) (St Injured at home, farm, Industry, public place (where?)	atc)
18. Funeral director Legene Fold  Address 1213-4-th St Sun				Meens of Injury Injured at work?	m D
19. Just (Date rec'd by re	5 19 H 7	Pour	land S. Philips Registrar	23. SIGNATURE AMILE DAY DAY Date Signed J. J.	cher els.5,1947



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PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-5)

		01	31	13	
			2	- ?	>
g.	Diat.	No		<u> </u>	

CERTIFICAT	TE OF DEATH Reg. Diat. No	45 2
1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospitat or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town  City or town limits, write RURAL and give near  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.	irest town)
3. (a) FULL NAME GANTT	3. (b) Social Security	Number
UANE-E BOARD		
4. Sex 5. Color or race (S.(a) Single, married, widowed, or divorced Followed	MEDICAL CERTIFICATION  20. DATE DE DEATH February 2 0 19 47	5:00A
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the data above stated; that I attended dece	20 19.47
7. Birth date of	and that I last eaw h. A. alive on	19.47
deceased (mo., day, yr.)  8. AGE: Yeare   Months   Days   If less than one day	Immediaie cause of death Cerebral Hemerkage	DURATION 3 days
9. Birthplace upper Marlboro Md (Town, county, and state)  10. Usual occupation.  Mone	Due to. Mifbrilis	10 20
11. Industry or business	Due to	*
12. Name John Colbert  13. Birthplace Md,	Diher conditions	20 211.
14. Maiden name agatha croward  15. Birthplace  Md.	Major findings of operations. Rond	
16. Interment Ada Salawhrite	Aotopsy results.  PHYSICIAN: Please uoderline the cause to which death should be charged	statistically.
Address upper marttono old 20.194	22. VIOLENCE: It death was due to external cauces, till in the tollowing;  Accident, suicid, or homicide	~
(Burial, cremation, or removal. Which?)  Cemetery or crematory	Where did injury occur?	(State)
Location Part Sarvis Co	Injured at home, farm, industry, public place (where?)  Msans of injury  Injured at work?	
18. Funeral director. Address 1432 Eyou It 90 EU	23. SIGNATURE James G. Sarse	er other
19. (Date ree'd by registrar)  Registrar	Address Aspher Mareboro Med Date signed.	2-20-47



ADING INK. Supply every item of information carefully. The co Physicians: please write the causes of death clearly and legiply.

PLAINLY, WITH UNF is especially important.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore 197

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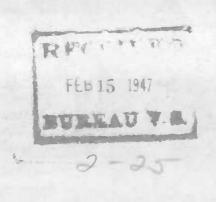
CERTIFICAT	TE OF DEATH Reg. Dist. N
PLACE OF DEATH: Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
or town. Glenn Dale, Maryland.  (If outside city or town limits, write RURAL and give nearest town)  ong in above place of death? 2 years, 2 mos., 9 days  tial, instilution, or street address where death occurred:  Glenn Dale Sanatorium	State D. C. Coucly  City or town Washington  (If outside city or town limits, write RURAL and g  Street No. 817 5th St., N. E.
long in hospital or institution? 2 years, 2 mos., 9 days.	<u> </u>
z) FULL NAME	3. (b) Social Sec

(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 2 years, 2 mos, 9 days  Hospital, institution, or street address where death occurred:  Glenn Dale Sanatorium  How long in hospital or institution? 2 years, 2 mos., 9 days.	City or town Washington (If outside city or town limits, write RURAL and give nearest town)  Street No. 817 5th St., N. E.  (If rural, give LOCATION)  2.(a) It veteran, name war.	
3. (a) FULL NAME  JAMES M. GER	3. (b) Social Security Number	
Male White Divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH. Felt 19 47 21 12 P. 1	
6.(b) Name of husband or wifeAugustaRadtheGer.is	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  22. 19.44, to Feb. 19.47.  and that I last saw h. 1.744. alive on Feb. 19.47.  Immediais cause of death DURATION	
8. AGE: Years Months Days If less than one day 48 48 7 9	Pulmonery Tuberculoria 4 yr. 81	
9. Birthplace Friend, Nebraska (Town. county. snd state)  19. Usual occupation Auto-Mechanic  11. Industry or business  12. Name Joseph Geris 13. Birthplace Chicago, Illinois	Due to	
14. Maiden name Rose Campbell Unknown 15. Birthplace	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.	
16. Informant	Whers did Injury occur?	
18. Funeral director Baker + Sus	Masens of injury Injured at work?	

Address 19 47 Rouland S. (Date rec'd by registrar)

23. SIGNATURE Samel LARD Fine and M. D. or other

Md. Date signed 2-1-47



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2-24-30 2-10

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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

## CERTIFICATE OF DEATH

ed				
of information should carefully be supplied uses of death clearly and legibly.	1. PLACE OF, DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County Lawrence Ward No.  (If outside fity or town limits, write RURAL NEAR and give town)  Street No. (If rural give LOCATION)  2(a) IF VETERAN, NAME WAR  3. (b) Social Security Number		
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information correct age is especially important. Physicians: please write the causes of death cle	4. Sex   5. Color or race   6.(a)Single, married, wildowed, or divorced    Male   Negro   Married    6 (b) Name of two bands or wife   Transcis   Givent    6 (c) If alive, give age   20   years    7. Birth date of   deceased (mo., day, yr.)   feet   1863    8. AGE: Years   Months   Days   If less than one day    8. AGE: Years   Months   Days   If less than one day    9. Birthplace   (Town, county, and state)    10. Usual occupation   County    11. Industry or business    12. Name   Givent   Givent    13. Birthplace   Givent    14. Maiden name   Givent    15. Birthplace   Givent    16. Informant   Gauss   Givent    17. Alexander   German   Givent    18. Funeral director   County   German    19. Funeral director   County   Givent    19. Funeral director   County   Givent    10. Usual occupation   Givent   Givent    11. Industry or business   Givent   Givent    12. Name   Givent   Givent   Givent   Givent    13. Birthplace   Givent   Givent   Givent   Givent   Givent    14. Maiden name   Givent   Givent   Givent   Givent   Givent    15. Birthplace   Givent   Gi	MEDICAL CERTIFICATION  20. DATE OF DEATH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 194 to 195		
PLE	19. Feb. 11 (Date rec'd by registrar) 19. 49 Carrie F. Campbell Registrar	23. SIGNATURE  M. D. or other  Address ( ) Date signed 2/10 9		

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#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH

ge	2411 N. Charle	es St., Baltimore		
rect 8	CERTIFICAT	TE OF DEATH Reg. Dist. No	23/0	
information carefully. The corr of death clearly and legibly.	City or town. (If outside city or town limits, write RURAL and give nesrest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or wstitution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State		
information of death cle	alexander Gordon		ту машьет	
n of ir	4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  7 SLUCY 18.4	7 11120 /	
ry item of ithe causes	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended d	eceased from	
eve	7. Birth date of deceased (mo., day, yr.) Abril 1907	and that I last saw h		
. Supp	8. AGE: Years Month Days It less than one dayhrsmin.	Caronay Declusion		
G INK	10. Usual occupation.	Oue to.		
Ge.	11. Industry or business  12. Name	Other conditions		
WITH UNI important.	14. Maiden name Augh Salwart  15. Birthplace Russia	(Include pregnancy within 3 months of death)  Major findings of operations		
Y,	16. Informant Marries Gorgon Address J 408-14th Street, Washing	Antopsy results	red statistically.	
E PLAINLY is especial	17 Burial, occumation, or removal, Which?)  Cemetery or crematory Cersher Cersh (month) (say) (sate)	22. V10LENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	(State)	
WRITE	Location Calcarelle Pa	(City or town) (County)  Injured at home, farm, industry, public place (where?)	, , , , , , , , , , , , , , , , , , , ,	
ASE	18. Funeral director. Address Hyallsville Md,	Westerneders 2	Laure	
PLE.	19. #1610 1947 Suu ONEY (Date rec'd by registrar) Registrar	Address Totestvill ned Oate sign	D) or other- ed 2-10-47	

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VS A15



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	FLAINLY, WITH UN is especially important
9-45-15M	PLEASE WRITE PLAINLY, WITH UNF is especially important.
VS A15	PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Diat. No. 243.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State D. C. Couoty  City or town Washington  (If outside city or town limits, write RURAL and give nearest town)  Street No. 202 Seaton Court, S. W.  (If rural, give LOCATION)  2.(a) If veteran, name war.	
3.(a) FULL NAME LUCILLE GROSS	3. (b) Social Security Number 577-05-7229	
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female Colored Single	20. DATE OF DEATH. Feb. 23 19.47 at 500 P.	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  C.E. 2.8. 19.46, to Feb. 2.3. 19.4.7.  and that I last saw h. P. F	
8. AGE: Years   Months   Days   It less than one day	Immedia case of death DURATION Que	
36 36 1 8min.		
9. Birthplace	Due to.	
E 12. Name Robert Thomas Gross Maryland	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Mary Kathryn Hailey  15. Birthplace Maryland	Major fiodings of operations	
15. Birthplace Maryland	Qate of op.	
16. Informant Deceased	Aotopsy results	
Address  17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory  PAY//E'S CEMETERY INC.	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide	
Location 4640 BENNING ROADS. E., WASHINGTON, DC.	injured at home, farm, industry, public place (where?)	
18. Funeral director of 78 lensor	Means of Injury Injured at work?	
Address 30H9E	23. SIGNATURE Daniel Leo Pinucare ME	
19. Ayel 23, 1947 Towlands. Thulys (Date rec'd by registrar)  Registrar	Address Sleven Dale Md. Date signed 2-23-47	

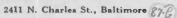


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MARGIN

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#### MARYLAND STATE DEPARTMENT OF HEALTH



# CERTIFICATE OF DEATH

Reg. Dist. No. 23/0

01908

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
Juillet mrs. Laura	3. (b) Social Security Number
4. Sex 5. Color or race (8.(a) Single, married, widowed, or divorced who will be to the widowed.	MEDICAL CERTIFICATION  20. DATE OF DEATH. 2 - 16 1947 242 M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  NOV 19  18 47  and that I last saw have alive on July 15
8. AGE: Years Months Days If less than one day 80 2 19hrsmin.	Immedia came of dath. Polynamitis 5-, days.  (Gullain - Bark Syndrome)
9. Birthplace	Due to
11. Industry or business  12. Name Williams Marshalls  13. Birthplace Pa	Other conditions Inamition + Deligantion
14. Maiden name Catherine Micles  15. Birthplace Pa	(Include pregnancy within 3 months of death)  Major findings of aperations.  Date of op.
16. Informant This R. P. Bownson Address Int Reiner ma	Autopsy results
(Burial, cremation, or removal. Which?)  Cemetery or orematury Mount Reacl	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide
Location akron ohio	Injured at home, farm, Industry, public place (where?)  Msans of Injury  Injured Dwork?
Address Styatterille mai	23. SIGNATURE Samuel & N Sugar Man. D. or other.
19. 2 / 1941 (manda Deuney)	address Mr. Kairier Med Date signed 16 Leb 47.



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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



01909

### CERTIFICATE OF DEATH

Reg. Dist. No. 243

1/ PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County Prince Georges  City or town Glenn Dale, Maryland  (If outside city or town limits, write RURAL and give nearest town)		State D. C. Co		010100101010101010101010		
How long in above place Hospital, Institution, or	of death?	eath occurred: anatorium	and give nearest town)	City or townWashington	s, write RURAL and give near Na. F.	est town)
3. (a) FULL NAME			11.		3. (b) Social Security N	lumber
	WILLIAM	HENRY	HARRIS			
4. Sex	5. Color or race	6.(a)Single, marrie	ed, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	Colored	Wide	owed	20. DATE OF DEATH FEBRUARY	22 1947	8:10 P W
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date ab SEPT • 26 19.	46 10 FEB. 23	19. 47		
7. Birth date of deceased (mo., day, y	Sent. 7	2, 1869	of Site age	and that I last saw h1.1991alive on		19. ¥.Z
8. AGE: Years	Months	Days   If I	ess than one dayhrsmin.	RULMONARY TUBERCUL	5/5	DURATION
9. Birthplace			Due 1o			
12. Name Joseph Harris  13. Birthplace Marryland			Other conditions	months of death)		
14. Malden name. Jane Warren.  15. Birthplace Maryland			Major findings of operations			
16. Informant	Deceased	•••••		Antopsy results	bich death should be charged s	tatistically.
17. (Burial, cremation, or removal. Which?)  Cemetery or crematory  Location  Washington  18. Funeral director.  Calegardos S. Pople			22. VIOLENCE: tf death was due to external ca Accident, suicide, or homicide	(County)	(State)	
Address 3/5	- 15 th S		ashunta D.C. ud S. Philips Registrar	23. SIGNATURE Daniel Le Address Glam Dale	Definitions M. D. of M. D. of	m.D.



2-2430-2-10

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



Reg. Dist. No.

#### CERTIFICATE OF DEATH

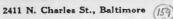
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?  Hospital, Institution, or street address where death occurred:	(if outside city or town limits, write RURAL and give nearest town)
	Strael Ho. (If raral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
4. Sax  5. Color or race 6.(a) Singla, married, wildowed, or divorced	MEDICAL CERTIFICATION  20. DATE DE DEATH 7 21 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6.(b) Name of husband or wife	21. I CERTIFY that doath occurred on the date above stated; that t attended deceased from
7. Birth date of S.(c) If alive, give aga years	and that I last saw h
decaasad (mo., day, yr.)  8 A.G.F. Years   Months   Days   It lass than oye day	Immediate cause of death DURATION
8. AGE: Years   Months   Days   It lass than one day	Viending
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation	Due to
11. Industry or business  12. Hame	Other conditions
El t3. Birthplace	(Include pregnancy within 3 months of death)
t4. Maidan name. Natta Harpen	Major findings of operations
El 15. Birthplace	
t6. Informant Mr. Halle Marian	Autopsy results
t7 Ourial (Burial cremation, or respoyal, Whigh)  Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Lacksons	Where did injury occur? (City or town) (County) (State)
Location Forestyce and	Injured at home, tarm, industry, public place (where?)
18. Funeral director All Charles Grass	Mesna of Injury  Injurad at work?
Address Copper Marword Com.	23. SIGNATURE. M. Do or other
(Date rec'd by registrar)	Address Andstotte nel Date signed 2 10-4



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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH



Reg. Dist. No.....

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death	City or town (If outside city or town limits, write RURAL and give nearest town)  Street No
and the best best best best best best best bes	2.(a)    veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mary Notes	
4. Sex   5. Color or race   6.(a) sinkle. married, widowed, or divorced	MEDICAL CERTIFICATION  20, DATE OF DEATH. 2 2 9 19 47 21 6 34
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Immediate cause of death
hrs,min.	Prematurity
9. Biringiace (Town, county, and state)	Dus to.
10. Usual occupation.	Due to
11. Industry or business	
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Halle Harpen  15. Birthplace Manyang	Major findings of operations
16. Informant Mus. Hallie Harrison	Autopsy results
Address Ritchis nia	PHYSICIAN: Please underline the cause to which death should be charged sales and the cha
17 Oscarial (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or reproval. Which) (month) (day) (year)	Where did injury occur?
F. a. t. ille and	Injured at home, farm, Industry, public place (where?)
Location Description Barre	Meens of Injury Injured at work?
18. Funeral director Man liver of Man	Respect, ne legal house
Address (Appen Mary Con Mary C	23. SIGNATURE MID. or other
19. (Data ree'd by registrar) Registrar	Address Anesthy Log Date signed 2 7 - 4



MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore /3.

\*

()1912 No. 24.31

### CERTIFICATE OF DEATH Reg. Diat. No.....

1. PLACE OF DEATH: Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
VVIII ()	State D. C. County
City or town	City or town Washington
How long in above place of death? 5 months, 24 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1103 O. Street, N. W.
Glenn Dale Sanatorium	(If rural, give LOCATION)
How long in hospital or institution? 5 months, 24 days	2.(a) If veteran, name war. One month in Navy - 1943
3.(a) FULL NAME	3. (b) Social Security Number
HATELLE AXAE	578-22-8322
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	
9, 901 of face 9 a. (a) only of face 9	MEDICAL CERTIFICATION
Male Colored Single	20. DATE OF DEATH. 2 /8 19 47 21 9 4.1.
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
A CONTRACTOR OF THE PROPERTY O	8/23/ 19.46 to 2//8/ 1947
7. Birth date of Ton Q 700°	and that I last saw h. Jan. alive on 2/18/
deceased (mo., day, yr.) Jan. 8, 1925.	Immediair cause of death
8. AGE: Years Months Days It less than one day	Pulsuman Tuberculoris 10 mg
22 22 1 10hrsmln.	Plening with effusion 10 mo
	Bue to
9. Birthplace Sanford, North Carolina (Town, county, and state)	DUC 12.
10. Usual occupation	
11. Industry or business Munitions Building	Due to
≝ 12. Name Jesse Hatcher	Other conditions.
Jesse Hatcher  12. Name Jesse Hatcher  13. Birthplace North Carolina	
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
	Date of op.
t6, Informant	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)
Location Washington A -	Injured at home, farm, Industry, public place (where?)
18. Funeral director P. Brucel Garvis Ca.	Msans of Injury Injured at work?
Address 14 3 2. 4pm L. n. W. Ward. W.C.	(L) a iel P. VI. was a suff
10 - IP 0 15D0'0.	23. SIGNATURE M. D. or other
19. Arek 18 1947 Lowland J. Philips	Address Glenn Dale Md. Date signed Feb 18,194



2-2430

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#### MARYLAND STATE DEPARTMENT OF HEALTH

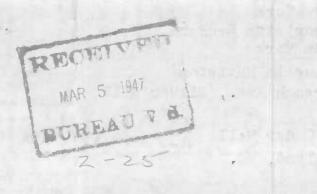
2411 N. Charles St., Baltimore 1440

01913

#### CERTIFICATE OF DEATH

Reg. Diat. No. 2340

1. PLACE OF DEATH:  County Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Maryalnd County Prince George's	
City or town. Silver Hill (If outside city or town limits, write RURAL and give nearest town)	Giltron Uill	
How long in above place of death? 37 years	City or town (If outside city or town limits, write RURAL and give nearest town)	
Hospital Institution or street address where death occurred: 5025 Branch Ave	Street No. 5025 Branch Ave., S.E.	
	(If rural, give LOCATION)	
How long In hospital or institution?	2.(a) If veleran, nama wer	
3. (a) FULL NAME	3. (b) Social Security Number	
Frank Decker Hazleton  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced		
	MEDICAL CERTIFICATION	
Male White Married	20. DATE OF DEATH February 27 19 47at 2:45	
6.(b) Name of husband or wife Luella H. Hazleton	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from	
s (c) If alive give age 65 years		
1. Airth date of	and that I last saw halive oa	
deceased (mo., day, yr.)  S. AGE: Years   Months   Days   If less than one day	Immediais cause of death. Hemorrhage and shock OURATION	
64		
hrsmin.		
9. Birthplace	Oue to Gun shot wound through the	
1D. Usual occupation Auto service and gas	Head	
station anamatan	Due to	
11. Industry or dusinass		
12. Name Edward P. Hazleton 13. Sirthplace New York	Dther conditions	
13. Birthplace New York	(Include pregnancy within 3 months of death)	
14. Maiden name Henrietts Decker 15. Birthplace New York		
15. Birtholace New York	Major findings of operations	
16. Informant Mrs. Luella Hazleton		
	Antopsy results	
Address 5025 Branch Ave., Silver Hill	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial Burial Date thereof (month) (day) (year)	Accident, suicide, or homicideSuicide	
Cedar Hill	Where did injury occur? Silver Hill P. G. Md. (State)	
	(City or town) (County) (State)	
Location Suitland, Md.	Injured at home, farm, Industry, public place (where?) Home	
18. Funeral director Those J. murray	Maena of Injury Shot self throughted the head	
Address 2007- Nichols are SE.	Deputy Medical Examiner	
do al las	23. SIGNATURE MID SUB-SU	
(Date rec'd by registrar)  (Date rec'd by registrar)  (Bate rec'd by registrar)	Address the shall had Date signed 37 14	



2-2340 -2-10



2411 N. Charles St., Baltimore (180)

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County January County		
(If outside city or town limits, write RURAL and give nearest town)	State Man County Annual County	
How long in above place of death? I share!	City or town(If outside city or town limits, write BURAL and give nearest town)	
Hospital, Institution, of Street autiess with the theath occurred.	Sireel No. 6 6 25 - 47 th Olse	
6625-4) the Place	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Jean Louise of	3. (b) Social Security Number	
4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Memale white single	J. 1	
To the state of th	20. DATE DE DEATH. J. 21. 21. 21. 21. 21. 21. 21. 21. 21. 21	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date ebove stated; that I attended deceased from	
	19 19	
7. Birth date of deceased (mo., day, yr.) and 2, 1944.	and that I last saw halive on	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION	
7hrsmin.		
washington of ! C.	Due to Assessan June of the	
9. Birthplace	1 the land of the	
10. Usual occupation	Books and the second se	
11. Industry or business	Due 10	
El CO SO HOLL	Miles and Miles	
12. Name 12. Name Plus 13. Birthpiace Plus 15.	Other conditions	
× 7	(Include pregnancy within 3 months of death)	
E 14. Maiden name May the South	Major fiedings of operations	
15. Birthplace Coloffedo	Dale of op.	
16 Interment also & Hothers	Aotopsy resolts	
Address Parall Soll Parall	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.	
1 701 1947	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremstion, or removal, Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide Cocalian Bate of 2-19-4	
Cemejery or crematory arlungton beauty	Where did injury occur? (City or town) (County) (State)	
alendon vergena	Injured at home, farm, Industry, public place (where?)	
10021100	Means of insuran house that Danlet Haredon work?	
18. Funeral director & Daschy Sons	blek t medical Lam	
Address by alphille Ind	100/2000	
Fel 15 47 Journ Sover	23. SIGNATURE M. D. Datother	
19 15 Selly (Date rec'd by registrar) Registrar	Address Date signed - 4	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cisecially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

VS

MARGIN RESERVED FOR BINDING



limits, write RURAL and give nearest town)

DURATION

3. (b) Social Security Number

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

ARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

How long in hospital or institution 3. (a) FULL NAME

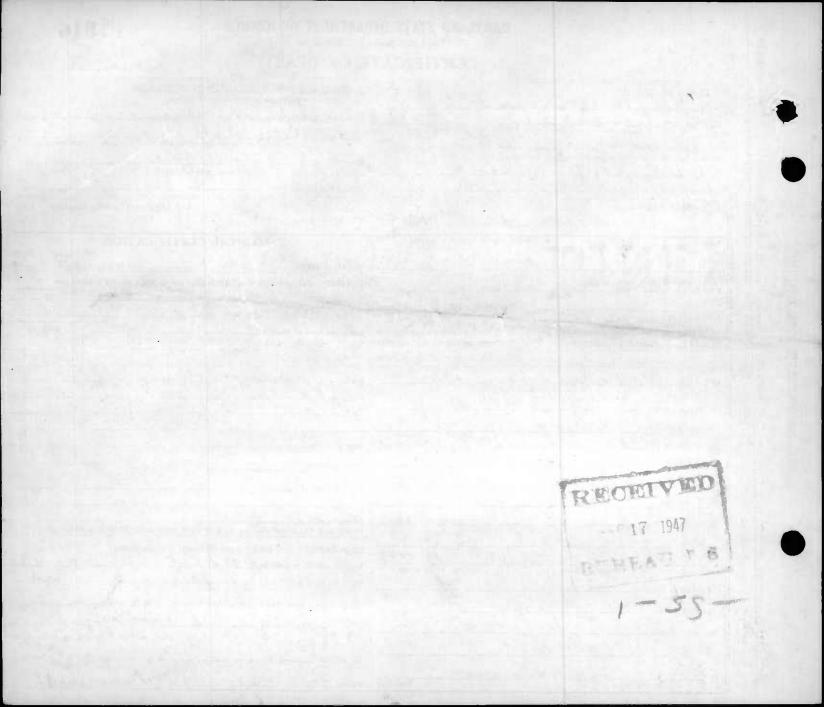
6.(6) Namo of husband or wife .....

5. Color grrace

4. Sex

NS

	100 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. Birth date of deceased (mo., day, yr.) march 31, 1943	and that I last saw h
8. AGE: Years Months Days It less than one day	Thich
S hrs. min.	
9. Birthplace (Town, county and state)	Bue to Tyrreson bury
10. Usual occupation.	Bue to
11. Industry or business	<i>y</i>
12. Name 13. Birthplace	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
= 14. Malden name	Major findings of operations
\$ 15. 8tripplace Colonfeed	Date of op.
16. Informant Glas Woffman	Antopsy results
Address Cereball 1947	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?)  Date thereo (month) (day) (year)	Accident, suicide, or homicide learners Bato of 2 - 1 4
Cemetery or crematory arlugton bewelf	Where did injury occur?
Location arlengtin ougun	Injured at home, tarm, Industry, public place (where?)
Il youth Son	Moons of Injury house that Campine of Edwarfund
Address Hydlballe In d	flesst medintly
Address of Constant of the	23. SIGNATURE
19 14 16 (Date rec'd by recistrar) 1947 Janus Devry Registrar	Total I har and I !!
(Date rec'd hy registrar) (Registrar	Address Pate signed



MARGIN RESERVED FOR BINDING

## VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore 131-0 CERTIFICATE OF DEATH

()1917 Reg. Diat. No. 23 24

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If oulside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME anna Halden	3. (b) Social Security Number
4. Sex    Sex   Se	MEDICAL CERTIFICATION  2D. DATE OF DEATH
9. 8 irthplace	Du do Condonación recel  Due to.
12. Name Change	Other conditions
Address  Address  Delethereof  (Burial cremation, or removal. Whichi)  Cemelery or crematory  Location  18. Funeral director  Address  Add	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
19 (Date rec'd by registrar)  Registrar	Address Freshally un Date signed 2 19-4



# WRITE PLAINLY, WITH UNFAITING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

## PLEASE VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

#### 2411 N. Charles St., Baltimore B.C.



Reg. Dist. No. 2431

/	
1. PLACE OF DEATH:  County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town	State County County County Or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 mos., 8 days  Hospital, institution, or street address where death occurred:  Clenn Dale Sanatorium  How long in hospital or institution? 10 mos., 8 days	Street No. 1626 Corcoran St., N. W.  (If rural, give LOCATION)  2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
CHARLES W. He	0 LMES 578-16-2515
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Separated	20. DATE DE DEATH Fab. 19 19.47 21 6:15 P.
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  APR 19.47.  and that I last saw h 1.200. alive on 19.47.  Immedia: cause of death DURATION
0.1101	Pulmany Interculous 19 yrs.
37 37 6	
9. Birthplace	Due 10
10. Usuai occupation Porter	Due to.
11, industry or business	
12. Name Charles E Holmes	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Lillian Adams Danville, Virginia	Major findings of operations.
	Date of op.
16. Informant	Autopsy results
Address  17. Removal. (Burisl, cremation, or removal, Which?)  (Burisl, cremation, or removal, Which?)	22. VfOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
(Burist, eremation, or removat, Which;) (uponth) (uponth) (uponth)	Where did injury occur? (City or town) (County) (State)
Cemelery or crematory	(City or town) (County) (State)
Location	Means of Injury Injury Injured at work?
18. Funeral director Address /2 3 4 ch ST. 5.20.	Quiel P. D. ma
19. Lely 19, 1847 Rowland & Philips (Date roof by recistrat)	23. SIGNATURE M. D. or other  Address The Date M. D. or other  Address The Date Signed Z-19-47



1-2420-2-1

2411 N. Charles St., Baltimore (31-0)

#### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DURATION (Include pregnancy within 8 months of death) Major findings of operations.

1. PLACE OF DI	PRINCE	CER	AGE
County			707
City or town(If	outside city or town lim	IERLY	and give nearest town
How long in above place		1 MEAR	
Hospital Institution, o	or street address where d	eath occurred:	. 11.00
PRINC	E GEONG	ES VEN	1. 17051
How long in hospital	or institution?	6 AKS.	······································
3. (a) FULL NAM	IE/	0 - 1	1
6	horsott	e Un	Toinet
4. Sex	5. Color or race	6.(a) Single, marr	ed, widowed, or divorced
FEMALE	W	W	TOW
			AUG - C
5.(6) Name of husban	d or wile		
T. Birth date of	•••••••		ve, give age
deceased (mo., day,	yr.) NOU. &	1-187:	2.
8. AGE: Yea	rs Months	Days 11	less than one day
7	4 2	29	hrs
		0	410
9. Birthplace	(Town, c	ounty, and state)	······
10. Usual occupation	HOUSE	WIFE	
11. Industry or busine	88		
₩ 12 Name	OHN HO	OP	
12. Name	•••••	0410	
<b>E</b>	CHARLO	TTEV	VENTLIN
E 14. Maiden nami		A/ -	(
E 15. Birthplace	1	MEM	UERSEY
16. Informant 3	N- RAL	PH H	00P
Address 49	13-40 14	2. HYAT	TSVILLE-1

16 PHYSICIAN: Please underline the cause tu which death should be charged statistically. 22. VIOLENCE: 11 death was due to external causes, fill in the following 8, 1147 (month) (day) (year) Accident, suicide, or homicide...... Where did Injury occur? ......

... years

... min

injured at home, farm, industry, public place (where?) ... Magna of Injury

(City or town)

injured at work?

especially

(Burial, cremation, or removal, Which?)

(Date ree'd by registrar)

PLAI is espe

WRITE

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ARGIN RESERVED FOR BINDING



A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

Statement of occupation,-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is neeessary to know (a) the kind of work and also (b) the nature of the husiness or industry, and therefore an additional line is provided for the latter statement; it should he used only when needed. As examples: (a) Spinner, (h) Cotton mill, (a) Sulesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day Laborer, Farm laborer, Laborer-Coal mine etc. Women at home who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may he entered as House. wife. Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from tusiness, that fact may be indicated thus: Farmer (refired 6 ys.) For persons who have no occupation whatever write None.

Statement of cause of death.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term of

the same diseases. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitia lnephritis, etc. The contributory (secondary or intercurrent) affection need not he stated unless important. Example. Measles (disease causing death), 29 ds; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symtomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustiou." "Heart failure." "Haemorrhage," "Inanition," "Marasmus," Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always quality as "PUERPERAL septichaemia" "PUERPERAL peritionitis," etc., all diseases resulting from childhirth or miscarriage. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-Probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory."

rect age

MARGIN RESERVED FOR BINDING

9-45-15M

A15 NS

#### CERTIFICATE OF DEATH

A		
	1. PLACE OF DEATH: Truce Glorges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
legi.	City or town. January Mary John (If outside city or town limits, write RORAL and give nearest town)	Stale Maryland County Ruch Haryle
fully	How long to above place of death?	Cily or town (1f outside city or town limits, write RURAL and give nearest town)
y a	Hospital, Institution, or street address where death occurred:	Street No. 5 2 0 2 2 5 + 0
ari	5702 & ST.	(If rural, give LOCATION)
cle	How long in hospital or institution?	2.(a) If veteran, name war
information carefull of death clearly and	3. (a) FULL NAME Pearl Brooks James	3. (b) Social Security Number
inf	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
of	Female Negro married	20. DATE DE DEATH Dely 10 1947 at 12 Fam
item e cau	8.(6) Name of husband or wife Phillip William James.	21. I CERTIFY that death occurred on the data above stated; that I altended decreased from
th	6 (c) Halive give age 51 years	000 1945 to 2649; 1947.
every	7. Birth date of	and that f last saw h. L. allve on
	deceased (mo., day, yr.) March 9, 1904	Immediate cause of death
Supply ease wr	8. AGE: Years Months Days If less than one day	Heart Farlure
Slea	42 //hrsmin.	
K.	9. Birthpiace (Town, county, and state)	Due to Hyperlinsick Alast Strong Curkou
INK	200	
Gela	10. Usual occupation.	Due to
IDING INE	11. Industry or business	
	12 Name William J. Jones	Dither conditions
UNF	13. Birthojace Glasensint, The	
WITH UNI	a sold of the the	(Include pregnancy within 8 months of death)
HO	E 14. Maiden name	Major findings of operations.
WITH	15. Birthplace Washington, D. C.	Date of op.
. >	18 informani Musi Mellie Danies (mother)	Autonsy results.
LY	18. informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINLY, s especially	Address 3/9 - F St. 11.6, Washing it	22. VIOLENCE: If death was due to external causes, fill in the following:
A. desp	11 Removal Date thereof Feb, 10-47	Accident, suicide, or homicide
PI	(Burial, cremation, or removal. Which?) (month) (day) (year)	
E	Cemetery or crematory	Where dld injury occur?
WRIT	Location Washington D.C.	Injured at home, farm, industry, public place (where?)
	18, Funeral director, Maluan & Schey Inc.	Means of Injury Injured at work?
SE	11x11 Det Van	
PLEA	Address 727 1000	23. SIGNATURE DAULE O Ausau J. D. or other
PI	(Date ree'd by registrar)	Address Stool Carture Care M. Date signed 2/10/10



2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

ස ආ භ	2411 N. Char	les St., Baltimore	
	CERTIFICAT	TE OF DEATH	Reg. Dist. No. 141
on carefully. The correct clearly and legibly.	1. PLACE OF DEATH:  County	City or town (If outside city or town limit Street No	write RURAL and give nearest town)
tio h c	3. (a) FULL NAME		3. (b) Social Security Number
information of death cle	MARCUS NICHALAS 1	YAREL	176-09-4604
of	4. Sex   5. Color or race   6.(a) Single, married, widowed, of divorced		ERTIFICATION
of	male white widowed	20. DATE DE DEATH 7 26 12	19 47, 21 2:25/
the	8.(6) Name of husband or wife Carry Rabel  8.(c) If alive, give age years	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended deceased from
ly eve	7. Birth date of deceased (mo., day, yr.) Chail 25. 1874	and that I last saw h	DURATION DURATION
ADING INK. Supply Physicians: please wr	8. AGE: Years Months Days It less than one day		working
INK.	9. Birthplace	Due to antenualina	221
Sie is	10. Usual occupation.	Due to	
Pr.	11. thdustry or business    12. Name   Joseph Rabel	Dther conditions	
WITH UNI		(Include pregnancy within 3	months of death)
WITH	14. Maiden name. Charles July 15. 8irthplace Genna	Major findings of operations	
. 55	16. Informant Briefdied albrich	Autopsy results	
PLAINLY, is especially	Address  17. Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide	
田	Cemetery or crematory. It manys beenetry	Where did injury occur?	
WRIT	Location De 211 311- 10 la relegio fino	Means of injury	Injured at work?
PLEASE	18. Funeral director W. W. Mash. & Wash. & C	23. SIGNATURE	tribadeou M. S.
PLI	19. Feek, 12 (Date ree'd by registrar) 19.47 (arrie 7. lamphell Registrar)	Address 3/12 lele ling S.	Noch Date signed 2 12-47

MARGIN RESERVED FOR BINDING

VS A15



Feb. 12

BINDING

RESERVED FOR



2411 N. Charles St., Baltimore (3/-a)

#### CERTIFICATE OF DEATH

01925

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	San O 1 Paris General
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? Deadon Conumal	(If outside city or town limits, white RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 5614-1andalpl
Truce georges Jeneral Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
metton C. May	
4. Sax 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20, DATE OF DEATH 7 PLLS 3 1947, at 6 AM
1.01:0 15.000	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	19to
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) (inquist 1, 190)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Coroner, occlusion
39 hhrsmin.	
9. Birthplace	Oue to Carona Polesse
(Towp, county, and state)	
10. Usual occupation	Oue to Carolio
11. Industry or business advect the possible	dies
12. Name	Other conditions
13. Birthplace California	(Include pregnancy within 3 months of death)
14. Maiden name Bartha Rachstron  15. Birthplace Leveler	(Include pregnancy within 3 months of death)  Major findings of operations.
W 15 Richarder A 12 Leans	Major hadings at operatural.  Oate of op.
land A. A. D. a Reams.	Autopsy results Start above
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Valle Negles   Market	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
A 10 01-1 21 To	Where did injury occur? (City or town) (County) (State)
no the No	Injured at home, farm, industry, public place (where?)
Location	Meene of Injury  Injured at work?
18. Funeral director	Const no deal Elance
Address Hyalloville med	OS SIGNATURES OF
2/5 /41 Amendo, Danner	23. SIGNATURE. M. D. or Aber
19. (Date red by registrar)  Rogistrar	Address Date signed - J - 4

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

PLEASE

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Francisco Francis

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VS A15

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01926

#### CERTIFICATE OF DEATH

Reg. Dist. No. 243!

County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State D. C. County		
How long in above place of death?	City or town Washington (If outside city or town limits, write RURAL and give nearest town)  Street No. 1833 7th St., N. W.  (If rural, give LOCATION)		
How long in hospital or institution? 12 days	2.(a) If veteran, name war		
3.(a) FULL NAME MINNIE B. LEAKS	3. (b) Social Security Number		
Female Colored Married Married	MEDICAL CERTIFICATION  20. DATE OF DEATH.  7.0. 3 19 47 15 40 P.		
6.(b) Name of husband or wite Arthur Leaks  7. Birth date of deceased (mo., day, yr.) Dec. 6, 1922	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from  19. 47. 10. 43. 19. 47.  and that I last saw h. C.f. alive on 19. 47.  Immediate cause of death. DURATION		
8. AGE:         Years         Months         Days         tt less than one day           24         24         1         27        hrshrs.	Pulmonary Tukerculosis 3 mo.		
9. Birthplace	Due to		
16. Informant Deceased %3	Autopsy results		
Address  17. Characteristics of removal. Which?)  Cemetery or crematory	22 VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide		
18. Funeral director A. Address / 432-4 L. h. W. Wash. W. C.  19. July 19. Rowland S. Philips (Date ree'd by registrar)  (Date ree'd by registrar)	23. SIGNATURE Daniel Lea Pinisane M. D. or other  Address of lens Dale M. Date signed Let 3/+7		



2-2430 ---- 2-10

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

99	2411 N. Charles St., Baltimore			
ect s	CERTIFICATE OF DEATH  Reg. Dist. No. 23			
ion carefully. The correct age clearly and legibly.	1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State		
nformation of death cl	3. (a) FULL NAME Clayton Lewis	3. (b) Social Security Number		
	4. Sex 5. Color or race bl(a) Single, married, wildowed, or divorced what have	MEDICAL CERTIFICATION  20. DATE OF DEATH. 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.		
every ite th	8. (b) Name of husband or wife.  B. (c) It alive, give age 48 years  7. Birth date of deceased (mo., day, yr.) August 4/1899  8. AGE: Years Months Days If less than one day	and that I lest saw h		
ADING INK. Supply Physicians: please wr	B. Birthplace	Due to Manuelle burn J. This  entire body		
9*	11. Industry or business 2. 5-222	Other conditions		
LY, WITH UNF	14. Maiden name.  15. Birthplace Georges  16. Informant.  Color Only of the state o	Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
E PLAINL	Address  17. Burnal Date thereof Fields (month) (day) (year)  Cemetery or crematory. Arlington Matrices	22. VIOLENCE: If dealh was due to external causes, fill in the tollowing:  Accident, suicide, or homicide (City or town)  Bate of County (State)		
ASE WRITE	tB. Funeral director. F. Jaka Llus Sons Address Hyattsville, Juda	Injured at home, farm, Industry, public place (where?)		
PLE	19. Que pe d' hy registrar)  19. (Date pe d' hy registrar)  Registrar	il. iv. or other		

MARGIN RESERVED FOR BINDING

VS A15



VS A15

BEADWY AND	CORP A PERSON	DEPARTMENT	OF	TITLATINE
MAKTLAND	SIAIR	DEPARTMENT	H.	HP.AI.IH

2411 N. Charles St., Battimore /3



#### CERTIFICATE OF DEATH

Reg. Diat. No. 2431

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State D. C. County  City or town Washington (If outside city or town limits, write RURAL and give nearest town)  Street No. 710 Rock Creek Church Road, N.W  (If rural, give LOCATION)  2.(a) It veteran, name war.
3. (a) FULL NAME  ELVA \( \lambda \) O D \( \text{L i C I} \)  4. Sex   5. Color or race   \( \delta \) (a) Single, married, widowed, or divorced	
female white divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH
5.(b) Name of husband or wife Harry. Theodore Lickliter  7. Birth date of deceased (ma., day, yr.) Sept. 9, 1918  8. AGE: Years Months Days If less than one day 28 28 5 7	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from  Aday 17, 19.4.4 to Jr. els. 16, 19.4.7  and that f last saw h. L.T. afree on July 19.4.7  Immediate cause of death  DURATION  Syrs 2 M  Due to.  Due to.  (Include pregnancy within 3 months of death)
14. Maiden name Ruby L. Hanback  15. Birthplace Bealton, Virginia  16. Informant Deceased  Address  17. Manual Coremation, or removal. Which?)  Cemetery or crematory  Location Normal & Washington  18. Funeral director & Colombias 60  Address	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide.  Where did injury occur?  (City or town).  (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?



2-2430

2-10

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 35

#### CERTIFICATE OF DEATH

2451

1. PLACE OF DEATH:  County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.		
3.(a) FULL NAME	2 (b) C : 1C : 4 N - 1 -		
Ida Cormilla &	Enthicum 3. (b) Social Security Number		
4. Sou 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Semale white married	20. DATE OF DEATH. Let 1, 1947, 21 8.05 a, N		
· Jahre W. J. Hierman	21-I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife 3000000000000000000000000000000000000	Jan. 2 1934 to Feb 1 1947		
6.(c) If alive, give age	7		
7. Birth date of Accord (me day v.) March 10, 1866	and that I last saw h. 2 alive on 2 and 3 1941		
gereasen (mo., uay, y.,	Immediata cause of death		
8. AGE: Years Months Days If less than one day	Carcinaua a Buent Syears.		
fo 5min.	U		
maryland			
9. Birthplace	Due fo		
I miserville			
10, Usual occupation.	Due to		
11. Industry or business			
12. Name James Lurner James Jurner James Jurner	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Catheritic Bell  15. Birthplace maryland	(Include pregnancy within 5 months of death)		
E 14, maiden name	Major findings of operations		
1 15. Birthpiace mary and	Date of op.		
18. Informant John W. Linthocum	Aptopsy results		
Martin 10 md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Sydnerice of	22. VIOLENCE: If death was due to external causes, till in the following;		
17   Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory DI Dilyland Conventions	Where did injury occur?		
Location millers will mid:	Injured at home, farm, industry, public place (where?)		
7 4 6.	Means of injury injured at work?		
18. Funeral director			
Address Mattanda ma	( 1.0 Oct 2 ), c).		
4 0 20 117 500	23. SIGNATURE M. D. or other		
19. T. Oliva S. 19 M. C. Date rec'd by registrar	Address Hyottsiille led Date signed 2 147		
(Date fee of by registrar)	RUITOSS		



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VS A15,

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

### CERTIFICATE OF DEATH

01930

Reg. Diat. No. 245

1. PLACE OF DEA			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County		eorges	State Maryland County Prince Georges			
City or town					eoryes	
How long in above place of death?			City or town			
How long in above place Hospital, institution, or			(If outside eity or town limits	s, write RURAL and give nea	reat town)	
		orial Hospital	Street No. 3210 Perry Street			
	71	The same	(If rural, give	LOCATION)		
How long in hospital or	Institution?	Hours	2.(a) If veteran, name war	•••••		
3. (a) FULL NAME				3. (b) Social Security 1	Number	
	Baby Gir	1 Lowe		None		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
Female	White	Single	20. DATE OF DEATH February 24	9 19 47	,at 7:30 A	
a dish a salaharda			21. I CERTIFY that death occurred on the date abo	ove stated; that I attended decea	sed from	
The state of the s		_	7-1/224 10	. 1-1		
7. Birth date of	•••••••		aed that I last saw halive on			
deceased (mo., day, yr	) Februar	v 2h. 1947				
8. AGE: Years		Days   If less than one day	Immediate cause of death		DURATION	
			gremalunty		7 1/2 hove	
			-			
9. BirthplaceR	iverdale,	Maryland	Due 10			
10. Usual occupation		***************************************	Que to			
11. Industry or business	-					
		У			************************	
12. Name JO	iddleport,	Now York	Other conditions	***************************************		
	ratepor o,	MEW TOTA	(Include pregnancy within 3 n	months of death)		
当 14. Maiden name	Shirley M	ae Lowe				
LOI	Mi acara Fa	lls New York	Major findings of operations			
≥1 15. Birthplace	· Gita 7 a.	ae Lowe 11s, New York		Date of op		
16. Informant	iss Shirle	y Mae Lowe	Antopsy results			
Address 3270	Perry Str	eet, Mt.Rainier, Md.	PHYSICIAN: Please underline the cause to wh	hich death should be charged	statistically.	
1)	0	7 6.5 1947	22. VIOLENCE: II death was due to external cau	ises, fill in the following:		
5/2www	or removal, Whieh?)	Date thereof. (month) (day) (year)	Accident, suicide, or homicide	Date of		
(Durial, Clemation,	P Train	An elen				
Cemetery or eremator	Y. Company		Where did injury occur?			
Location	laden	stury ma	Injured at home, farm, industry, public place (wh	here?)		
	1 4	- 100 sono =	Means of injury	Injured at work?		
16. Funeral director	7.		0 1/1 -	no !		
Address	Hyatte	relle the		Malin n	1	
U. 0	16- 17	70 1 2 1	23. SIGNATURE	M. D. o	or other	
19. Date rec'd by the	istrar)	Mas Jose Davel	Address Piverdale m.	Date signed	2/24/194	



2-2450 -1-10

### VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charle

s St., Baltimore	BI-a
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01931

CERTIFICAT	E OF DEATH Reg. Diat. No. 2 / 2
1. PLACE OF DEATH:  County Quarter  County Quarter	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County Cou
How long in above place of death?	(If outside city or town lights, write RURAL and give nearest town)  Sireet No. 6 2 0 4 (If raral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Wilford Carl Just	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION  20, DATE OF DEATH. February 3 19 47, at 5 9
8.(6) Name of husband or wife Caroline mo/Kim Lusy	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of S. (c) If alive, give age years	and that I last saw h
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death DURATION
9. Birthplace	Due to Carellors cular revol
to. Usual occupation. P. Linning Country, and states	Due to
11. Industry or business    12. Name   Richard Thomas Lusly	Diher conditions
12. Name Pechand Thomas Justy 13. Birihplace Jondon, Carglyd	(Include pregnancy within 3 months of death)
14. Malden name Clara are allen	Major fiodiogs of operations.
18. Informan) no Caraline m Elian France	Aotopsy results
Address 5809 - newton theet Charden W	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or oremators.	Where did injury occur?
Location Line of the Charmon Commence Co	Means of injury Injured at work?
18. Funeral director  Address 5/7 // 9 57 5/. \(\frac{\xi}{2}\)	Deput medical chammer
19. Feb 3 1947 Carrie F. Campbell Registrar	Address Totalls had Bate signed 2



# MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-00

### CERTIFICATE OF DEATH

(11932 2450

1. PLACE OF DEATH  Covery  Cov		
Sinte. Manual Country	<i>v</i> .	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or form. (It outside sity or town limits, write RURAL and give marcest town)  Street Meet in heapital or institutions, or street address where death occurred  Street New Meet in heapital or institutions, or street address where death occurred  Street New Meet in heapital or institutions?  3. (a) FULL NAME  3. (b) Social Security Number  A. Set  S. Defer or race  C. (c) Single, married, widewed, or divocced  MEDICAL CERTIFICATION  20. Easte OF BEATH  A. Set  S. Defer or race  C. (c) It refers, same was  3. (b) Social Security Number  MEDICAL CERTIFICATION  20. Easte OF BEATH  A. Set  S. Defer or race  C. (c) It suffers, same was  3. (c) Social Security Number  MEDICAL CERTIFICATION  20. Easte OF BEATH  A. Set  S. AGE: Tears  Megine  Bays  It less than one day  MEDICAL CERTIFICATION  20. Easte OF BEATH  A. Set  A. Set  S. AGE: Tears  Megine  Bays  It less than one day  Mean of beath above stated; final satisfaded deceased from  PLAN J. Set  S. AGE: Tears  Megine  Bays  It less than one day  Mean of Beath above stated; final satisfaded deceased from  PLAN J. Set  S. AGE: Tears  Megine  Bays  It less than one day  Mean of Beath above stated; final satisfaded deceased from  PLAN J. Set  S. AGE: Tears  Mean of Beath above stated; final satisfaded deceased from  PLAN J. Set  S. AGE: Tears  Mean of Beath above stated converted on the data above stated; final satisfaded deceased from  PLAN J. Set  S. AGE: Tears  Mean of Beath above stated converted on the data above stated; final satisfaded deceased from  PLAN J. Set  S. AGE: Tears  Mean of Beath above stated converted on the data above stated; final satisfaded deceased from  PLAN J. Set  S. AGE: Tears  Mean of Beath  Means of Deceased on the data above stated; final satisfaded deceased from  PLAN J. Set  S. AGE: Tears  Mean of Beath above stated converted on the data above stated; final satisfaded deceased from  PLAN J. Set  S. AGE: Tears  Mean of Deceased on the data above stated converted on the data above stated converted to the satisfaded deceased from  PLAN J	300 6 10 -1 10 1	
Box long in above place of death Boxpital institution, or street address where death occurred  Street Ref. Street	(If outside city or town limits, write RURAL and give nearest town)	1 20 4 0
Respital, institution, or street address where death occurred!   Street in Americal institution   Street institutio		(If outside city or town limits, write RURAL and give nearest town)
Rev long in hospital or institution?  3. (a) FULL NAME  4. Sex  5. Color or race  6. (a) Single, married, widowed, or disorced  MEDICAL CERTIFICATION  20. Date of bearing or widowed decreased from 19. And 19. Sec. 19. S		Street No. 4203- Kenwood Drive
3. (d) FULL NAME  4. Sex		
4. Sex 5. Color or race S. Coloring is, married, widewed, or divorced MEDICAL CERTIFICATION  20. DATE OF DEATH  21. LERRIFFY had death occurred on the date above stated: that I streaded decessed from the date above stated: that I streaded decessed from the date above stated: that I streaded decessed from the date above stated: that I streaded decessed from the date above stated: that I streaded decessed from the date above stated: the state of the date of the date above stated: the state of the date of the date above stated: the state of the date of th	How long In hospital or Institution?	2.(a) If veteran, name war
8. (b) Name of husband or wife  8. (c) It alive, give age  9. (c) It alive,	3. (a) FULL NAME	3. (b) Social Security Number
8. (b) Name of husband or wife  8. (c) It alive, give age  9. (c) It alive,	ALTA MAE	MADDEN
8. (b) Name of husband or wife  B. (c) If alive, give age  B. (c) If alive, give age  Years  S. AGE: Tears  Worths  Bays  If less than ond day  It less than ond day  It less than ond day  B. Birthplace  (Town, county, and atoto)  Due to  Usual occupation  It location between the date above stated; that I affended deceased from  MAN I alive on the date above stated; that I affended deceased from  MAN I less than one day  It less than ond day  It less than ond day  Due to  Usual occupation  It location between the date above stated; that I affended deceased from  MAN I less than one day  I lamediate came of death  Due to  Uncertainty of between the date above stated; that I affended deceased from  MAN I less than one day  I lamediate came of death  Due to  Uncertainty of between the date above stated; that I affended deceased from  MAN I less than one day  I lamediate came of death  Due to  Uncertainty of between the date above stated; that I affended deceased from  MAN I less than one day  I lamediate came of death  I lamediate came	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
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7. Birth date of deceased (mo. day, yr.)  8. AGE: Years Moths Days It less than one day  8. Birthplace (Town, county, and atate)  10. Usual occupation.  11. Industry or business  12. Hame.  13. Birthplace  14. Maiden name.  15. Birthplace  15. Birthplace  16. Birthplace  17. Birth date of death.  18. Industry or business  18. Industry or business  19. It may be to the conditions.  11. Maiden name.  15. Birthplace  16. Birthplace  17. Birthplace  18. Industry or business  18. Industry or business  19. It may be to the conditions.  11. Industry or business  11. Maiden name.  12. While the conditions.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Birthplace  17. Sirth date of the conditions.  18. Industry or business  19. While the conditions.  19. While the conditions.  10. Usual occupation.  10. Usual occupation.  11. Industry or business  11. Maiden name.  12. While the conditions.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Birthplace  17. Sirth date of the conditions.  18. Industry or business  19. While the case to which death should be charged statistically.  20. VIOLENCE: It death was due to external causes, fill in the following:  18. Conditions.  19. While did injury occur?  19. Where did injury occur?  20. Signature.  21. Signature.  22. Signature.  23. Signature.  24. Jay Or other occurs.  25. Signature.  26. Signature.  26. Signature.  27. Signature.  28. Signature.  29. Where did injury occurs?  29. Jay Or other occurs.  29. Jay Or other occurs.  20. Signature.  20. Signature.  20. Signature.  21. Jay Or other occurs.  22. Signature.  23. Signature.  24. Jay Or other occurs.  25. Signature.  26. Signature.  27. Jay Or other occurs.  28. Signature.  29. Jay Or other occurs.  29. Jay Or other occurs.  20. Signature.  20. Signature.  20. Signature.  21. Ja	8 (b) Name of husband or wife Arc P. Maddin	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of decased (mo., day, yr.)  8. AGE: Years Mosths Days It less than one day    Institute   Institute		mar 14 19.46, 10 26 10 1847
8. AGE: Tears Mosths Bays If less than one day    Indicate came of death   Indicate came of deat	7. Birth date of	and that I last saw h.Q.V. alive on Let 10 19.47
8. Birthplace (Town, country, and attate)  10. Usual occupation (Include pregnancy within 8 months of death)  11. Industry or business  12. Name (Include pregnancy within 8 months of death)  13. Birthplace (Include pregnancy within 8 months of death)  14. Maiden name (Include pregnancy within 8 months of death)  15. Birthplace (Include pregnancy within 8 months of death)  16. Informant (Include pregnancy within 8 months of death)  17. Antopay results (Include pregnancy within 8 months of death)  18. Informant (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include pregnancy within 8 months of death)  19. Antopay results (Include preg		Immediate cause of death
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Due to.  12. Hame  13. Birthplace  14. Maiden name  15. Birthplace  18. Informant  Address  19. Cemetery or crematory  19. Location  19. Funeral director  Address  20. Combination  10. Combination  10. Combination  11. Location  Analogy results  (Include pregnancy within 8 months of death)  Major findings of operations  (Include pregnancy within 8 months of death)  Major findings of operations  Antopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due fo external causes, fill in fine following:  Accident, suicide, or homeide.  Date of  Where did injury occur?  (City or town)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at home, farm, industry, public place (where?)  Means of injury  18. Funeral director  Address  23. SIGNATURE  23. SIGNATURE		
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15. Birthplace  18. Informant  Address # 2 0 3 - Ray and Address  17. Character (month) (day) (year)  Cemetery or cremation, or	= 14. Maiden name & lazabeth Bishaps'	Canada and a Ch Ord was
Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If deafh was due to external causes, fill in the following:  Accident, suicide, or homtcide.  Cemetery or crematory.  Location Balance Management of the following:  Location Balance Management of the following:  Accident, suicide, or homtcide.  Where did injury occur?  (City or town)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of injury  18. Funeral director.  Address 3 2 0 c - RD Cover Mit Ranner Management of the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homtcide.  Where did injury occur?  (City or town)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of injury  23. SIGNATURE.  24. County Management of the cause to which death should be charged statistically.  24. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homtcide.  Where did injury occur?  (City or town)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of injury  23. SIGNATURE.	E 15 Richniage	
Address #203-12 Aggregation   Date thereof   Date thereof   Company   Country   Countr	lan f malden	
Date fhereof (month) (day) (year)  Cemetery or cremation, or control (month) (day) (year)  Location Action of the following:  Accident, suicide, or homtcide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  18 Funeral director.  Address 3 2 0 0 - RD Cove Mit Raymen Means of injury  19 Ful 2 19 Ful August March 1	1B, Informant	
Date fhereof (month) (day) (year)  Cemetery or crematory.  Location Body (month) (day) (year)  Location Body (month) (day) (year)  Note that the body (city or town) (county) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?  23. SIGNATURE.  23. SIGNATURE.	Address 4203-18 agusted drive	22 VIOLENCE- If death was due to external causes, fill in the following:
Cemetery or crematory. Fat Line Benefit Where did injury occur? (City or town) (County) (State)  Location Between Below William Script Means of Injury  18. Funeral director. Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of Injury  19. Funeral director. Where did injury occur? (City or town) (County) (State)  19. Funeral director. Where did injury occur? (City or town) (County) (State)  19. Funeral director. Where did injury occur? (City or town) (County) (State)  19. Funeral director. Where did injury occur? (City or town) (County) (State)  19. Funeral director. Where did injury occur? (City or town) (County) (State)  19. Funeral director. Where did injury occur? (City or town) (County) (State)  19. Funeral director. Where did injury occur? (City or town) (County) (State)	17. Crematica Date thereof February	
Injured at home, farm, industry, public place (where?)  18. Funeral director.  Address 3 200-RD, Give. Aft. Rainier Md  19. Feb. 12. 19. 17. January Sover  19. Feb. 12. 19. 17. January Sover  19. Feb. 12. 19. 17. January Sover  19. Feb. 12. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	Frat Lineal as Constant	
18. Funeral director. When I find the state of Injury Injured at work?  Address 3 200-RD, ave. With Rainier, Md.  1974 12 1517 Janus Sever 23. SIGNATURE. Lawred D. Wife. By or other 1974 1976 1976 1976 1976 1976 1976 1976 1976	Cemetery or crematory	
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19/	411	23. SIGNATURE.
	(Dato rec'd by registrar)  (Dato rec'd by registrar)  (Registrar	Address 4300 Raywood Dr. Mtanueline sold 2610.190

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2411 N. Charles St., Baltimore 46-2

### CERTIFICATE OF DEATH

01933

Rog. Diat. No. 2451

County City or town (If outside city or town limits, write RUEAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME Jane Jompshins M.	anderschied 3. (b) Social Security Number
4. Sex 5. Color of race 6. (a) Single, married, widowed, or divorced female white widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  750049 26 1947 28 - 1947 26 1
B.(b) Name of husband or wife B.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediato cause of death
80 4 28 hrs. min.  8. Birthplace Highland New York	Bue Primary in intestines - Sigmoid solon
10. Usual occupation. (Town, edunty, and state)	Due to.
11. Industry or business    Industry or business	Dther conditions M. Y. A. C. A. A. S. S. A. D. M. S. THEMIA UNICHOWA
	(Include pregnancy within 3 months of death)
14. Maiden name. Chelene. Cdarred 15. Birthplace	Major fiudings af operatious
18. Informant Land March 19 Could Sent to Child	Autopsy results
Address 3.30 6 - Caix of the Manuer	22. VIOLENCE: If death was due to external causes, fill to the following:
17 (Burial, cremation, or removal, Which?) Date thereof (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory That The Three College Control of the Contro	Where did injury occur?
Location Bladenshung Ad & De Location	Injured at home, tarm, Industry, public place (where?)  Means of injury \ Injured at work?
18. Funeral director	1 / / / 2 2 2
Address 3200 - Aff. Gve. Male Romes, Me	23. SIGNATURE M. D. or other
19. Jerry 2 19. 47 Mas Jag Devenly (Dato rec'ddy registrar) (Dato rec'ddy registrar)	Address 4/18-30th St. Int. Rulling st signed 2/27/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age

MARGIN RESERVED FOR BINDING

me have Jane Tomphered Manderschied pinale ellele adiloned . Sept. 28, 1866 James Toughan Chelina adamsterk Clara Manderschie 14P 2 1947 BUREAUT A whole Into Bladendary file of the fortense 1-25 1000 3200 - Alh wire Will Warner Dul. 2-5450 ----1-10

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### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
		AME SERVICE CONTRACTOR			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLEASE

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### MARYLAND STATE DEPARTMENT OF HEALTH

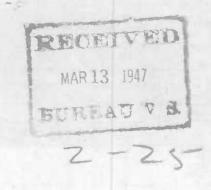
2411 N. Charles St., Baltimore /3

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Reg. Diat.	No. 24 3

01935

### CERTIFICATE OF DEATH

). PLACE OF DEATH:					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County Prince Georges					Sizite D. C. County				
Cily or town			City or town Washington (If outside city or town limits,						
How long in above Hospital, institution	place of dea	ath?	death occurred	∠ <u> </u>					
		le Sana				Street No. 1115 9th St. (If rural, give L	OCATION)		
How long in hosp	ital or Instit	ullon? I m	onth,	L2 days		2.(a) It veteran, name war	***************************************		
3. (a) FULL N	NAME	1 /		NAC DAVIEL	_		3. (b) Social Security N	lumber	
		WILLIE	/	Mª DANIEL:	3		249-07-1440		
4. Sex	5. 0	olor or race	8.(a)Single	, married, widowed, or divorced		MEDICAL CE	RTIFICATION	. 10-	
Male		Colored	1	larried		20. DATE OF DEATH FEBRUAL	RY 23 1847	16/3 A	
6.(b) Name of hus	shand or wif	Luci	lle McI	Daniels		21. I CERTIFY that death occurred on the date above		sed from	
01(0) 112110 01 1121			6.(c	) It alive, give age	Parcek	JAN. 10 194	7 10 FEB 2	23 194/	
7. Birth date of deceased (mo.,		March	15. 19	270	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and that I last saw hl.Maalive on	7EB. 2		
8. AGE:	Years	Months	Days	tt less than one day		Pulmonary TUBERCULOS	5/5	DURATION 9 200	
36	36	11	8	hrs	min.	, , , , , , , , , , , , , , , , , , , ,			
9. Birthplace	Mar	mosa F	lorida.	tate)		Due to		************************	
10. Usuat occupa	tion	Labor	er			Due to.			
11. Industry or bu	siness					DD6 (0		***************************************	
当 12. Name	Wil	lie McD	aniels	100100000000000000000000000000000000000		Dither conditions			
		rmosa.				(Include pregnancy within 3 months of death)			
H 14. Maiden	name	Hannah 1	Villiar	ns					
14. Maiden r 15. Birthpiac		Marmosa				Major findings of operations			
		Decease	1	, , , , , , , , , , , , , , , , , , ,		Autopsy results		,,,,,,,,	
16. informant			n			PHYSICIAN: Please underline the cause to which		tatistically.	
Address	0.000			01./14	7	22. VIOLENCE: tt death was due to external cause	es, till in the tollowing;		
17(Burial, crem	ation, or re	emoval, Which?)	Date there	ot(month) (day) (year	r)	Accident, suicide, or homicide	Date of		
Cemetery or crematory Archical Mongae				more	Whers did injury occur?				
Location Washington D.C.				apc.	Injured at home, tarm, industry, public place (where?)				
W. Al. Stocky Roset Sust				y Rosert-Sa	Msens of Injury	Injured at work?			
18. Fineral direct		Dak Sa	Ma	hun Dale me	-	0.00	g).	m D	
-	-	2 1151	2			23. SIGNATURE ANUL SED	I mucane	other	
18. Jeli 23, 19 44 Rowland & Philips (Date rec'd by registrar)					Address & lenn & ale	May Date signed	2-23-4		



2-2430 - 2-10

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

### CERTIFICATE OF DEATH

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	1410
Reg. Dist.	No.

111036

	Reg. Dist. No.
1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Nospital, institution, or street eddress where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Slate County
3. (a) FULL NAME W. Fre Sevitt	3. (b) Social Security Number
Male & Married, widowed, or divorced  Male & Married	MEDICAL CERTIFICATION  20. DATE OF DEATH HEBERT 9 19 47 9:40 m
B.(b) Hame of husband or wife 2	21. I CERTIES that death occurred on the date above stated: that I attended deceased from  19. to 19.  and that I last saw h. alive on 19.  Immediate cases of death  DURATION  Due to
10. Usual occupation	Other conditions
14. Malden name Unfernant II. Chambelia	Major fiediogs of operations.  Date of op.  Actorsy results.  PHYSICIAN: Please coderline the cause to which death should be charged statistically.
Address 8 10 R 10 me 11 E Julash DC  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory.	22. VIOLENCE: if death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location  18. Funeral director Afficience  Address 2901-1447 W  19. Flex 9  (Date rec'd by registrar)  (Registrar)  Registrar	injured at home, farm, Industry, public place (where?)  Means of Injury  injured at work?  23. SIGNATURE  M. D. or other  Address  Date signed



01037

### CERTIFICATE OF DEATH

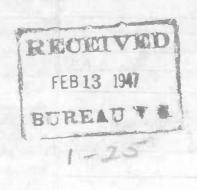
	(	1 3.	W	U			
				2	1	15	1
leg.	Dist.	No.		-		4	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mothers)
County Dance Glanger	State Marsland County Truce Georges
ly or town(If outside city of town limits, write KURAL and give nearest town)	101 - a Non let
w long in above place of death? 18 years	City or town
spital, institution, or street address where death occurred:	Street No. 5300 Gallatin Sheet
5300 Gelestin	(If rural, give LOCATION)
w long in hospital or institution?	2.(a) If veteran, name of the second world world was
(a) FULL NAME James mc glen	ahey 3. (b) Social Security Number
. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Widowed	2D. DATE OF DEATH Following 8 1947 21 /-
(¿(ò) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	19
Birth date of	and that I last saw halive on
deceased (mo., day, yr.)  A.C.F. Years / Months   Days   Hiess than one day	Immediate cause of death
. AGE:	Congestive read
/ 6min	- Laure
Birthplace New York (Town, county, and state)	Due to Due to Culture
Battle of Saddens	feed acceler
D. Usual occupation.	Due to
11. Industry or business 14 & Comment of the commen	
12. Name Conselyer	7 Other conditions
13. Birthplace United	(Include pregnancy within 3 months of death)
14. Malden name Line Lene Lene Lene Lene Lene Lene Len	Major findings of operations
\$ 15. 8 rthplace when	Date of op.
16. Informani Mis. Eva Dollar	Antoney results
The state of the s	PHYSICIAN: Please underline the cause to which death should be charged statistically.
2/1/17	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory M. S. Saldies House .	Where did injury occur?
111 and in tas. We a	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director W. W. L. Laurbus Co	keepart, medical charme
Address Biaerdale	
M. O . " . 17 50 0 50.000	23. SIGNATURE M. D. ordiner

MARGIN RESERVED FOR BINDING

correct age

A15 N.S



2-2450

1-15

VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
MALLE I TALFAIN	DIMIL	DIN STATE INTENTAL	V	AAAM AMAAA

2411 N. Charles St., Baltimore 47-2

### CEPTIFICATE OF DEATH

01938

/	CERTIFICATI	E OF DEA	***	Reg. Dist. No. Of	
1. PLACE OF DEATH SUBJECT STATES	1d	(For newborn in	INCE (HOME) OF	nother	Geo
City or town. (If outside city or town limits, write RURAL a	nd give nearest town)			- 0	A
How long in above place of death?	O.X	(If ou	itside city or town limita.	write RURAL and give ne	earest town)
6 2 5 - 8 Z	4 Street	Street No	(If rural, give l	LOCATION)	
How long to hospital or institution?		2.(a) If veteran, name v	var	***************************************	•••••
3. (a) FULL NAME	ne Phe			3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married	d, widowed, or divorced			RTIFICATION	117.
Male White Mo	rsled	2D. DATE DF GEATH	2-10	- 47 19	10309
8.(b) Name of husband or wife	McCoy	21. I CERTIFY that deat	b occurred on the date above	e stated: that Lattended dec	eased from
S (e) If allva	e, give age years	1-2	7 6 19	10 / - /	19.
7. Birth date of deceased (mo., day, yr.) Hori / le - / d	864			716	
8. AGE: Years Months Days If tes	ss than one dayhrsmin.	Casci	more &	wy A	8200
Our acho		Due to.	e Office		1 4-1
9. Birthplece		arles		45	
10. Usual occupation.	guere	Due to	00	***************************************	
11. Industry or business	Phia	***************************************			
12. Name	le Scotte				
13. Birthplace	10 900	(Inclu	ide pregnancy within 8 m	nonths of death)	•••
14. Malden named and Scotic C	Carry	Major findings of oper	rations	***************************************	
El 15. Birthplage Could	Con a do			Date of op	
16. Informant	1 Mg	Antopsy results PHYSICIAN: Please u	inderline the cause to wh	ich death should be charge	d statistically.
Address Jours 1	12		ith was due to external caus		
(Burial, cremation, or removal, Which?)	(month) (day) (year)	Accident, suicide, or ho	om I cld e	Date of	
Cemetery or crematory Clibas, All		Where did Injury occur	?(City or town)	(County)	(State)
Location Stub himselfor	7060.C			ere?)	
18. Funeral director. By Jack Jack	hete co.	Means of Injury		tnjured a1 work?	
Address Occupation	Such.	-	nsol.	mel,	
A A O LA D MA.	E Wast	23. SIGNATURE		A SIND	Si Siya >
19-2 - 19 47 Collection 19	Registrar	Address	an	Date signet	



2-2370-2-10

# VS A15

PLEASE

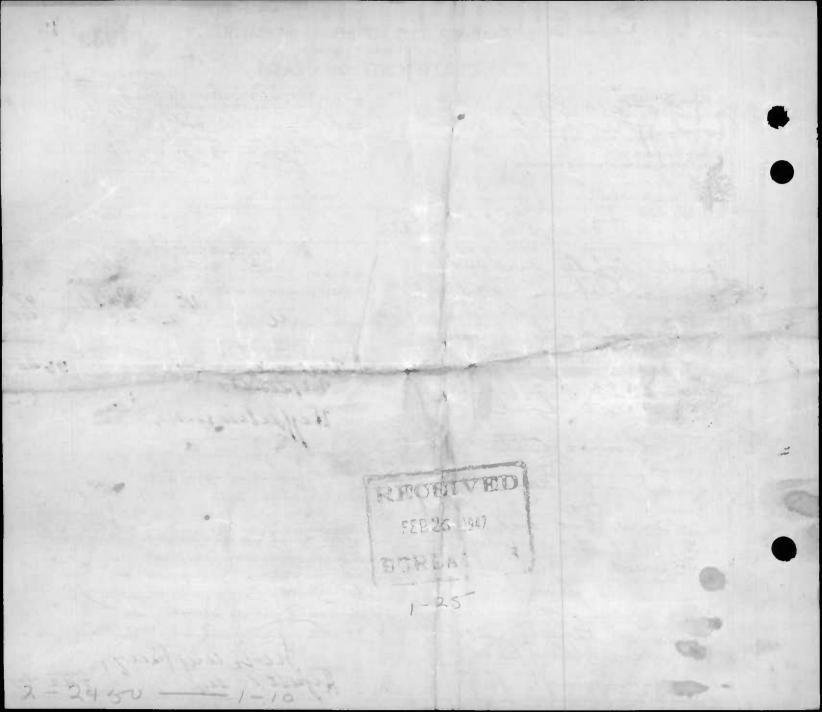
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /9/-7/

01939

		000
Reg.	Diat.	No. 22/31

CERTIFICA	TE OF DEATH Reg. Dist. N	275
County	State	, Co,
How long in hospital or institution?	2.(a) it veteran, name war	
3. (a) FULL NAME mary L. miller	3. (b) Social Sec	urity Number
4. Ser S. Color or race ( S. (a) Single, married, wildowed, or divorced lemale white widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH	N +7 11.30 P
8. (b) Name of husband or wife from F Miller  S. (c) If allve, give age yea  7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended to the date above stated; the date above stated to the date above stated; the date above stated to	ed deceesed from
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   it less than one day	Immediate cause of death	DURATION
69	Des 14 150	3642
9. Birthplace	Due to Du	
12. Name Thomas Carles 13. 8irthplace Ta	Other conditions	
14. Maiden name — Caryant  15. Sirtholace Va	Major findings of operations.	•••••
16. Interment mre Era achty	Autopsy results	
Address 10 - St 0. W. State 25.1947  17. Burial (Burial, cramatian, or removal Which?)  (Burial, cramatian, or removal Which?)	22. VIOLENCE: if death was due to external causes, till in the tollowing  Accident, suicide, or homicide	
Cemetery or crematory It Incoln	Where did Injury occur?	(State)
Location Justine 2007 Md	Msens of Injury Injured at wor	
Address Sysatteville Mil	23. SIGNATURE June wu Levy	M. D. of other
(Date rec'd by registrar)	ar Address Jetts. Hy Date	signe2: 22-4-



### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 3-6

### CERTIFICATE OF DEATH

			0	11	2	1
Reg.	Diat.	No.	·de	-7	W	.A

1. PLACE OF DEATH:  County Prince Georges  City or town Glenn Dale Maryland (If outside city or town limits, write KURAL and give nearest town)  How long in above place of dealh? I month 8 days  Hospital, institution, or street address where dealh occurred:  Glenn Dale Sanatorium  How long in hospital or institution? I month, 8 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Stale D. C. Couoly  City or town Washington (If outside city or town limits, write RURAL and give nearest town)  Streel No. 53 I. Street, N. E., Apt. 3  (If rural, give LOCATION)	
3. (a) FULL NAME		
H. ALLEN MOSS	3. (b) Social Security Number 579-05-3709	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Colored Single	20. DATE OF DEATH Feb. 3 19 47, 21 11 30	P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from  Dec 24 19 46 10 5 19 3  and that I last saw h.1. https://www.alive.on	
deceased (mo., day, yr.) Sept. 28, 1914  8. AGE: Years   Monihs   Days   If less than one day	Immediate cause of death	IDN
32 32 4 5min.	Juluousy Jules culous 5 4	no
9. Birihplace. Chapel Hill, North Carolina (Town, county, and atate)  10. Usual occupation. Tailor and Presser  11. Industry or business	Due to.  Tudesculous Zasyngitis 2 n  Oue to.	no.
	Other conditions.	
12. Name Allen H. Moss, Sr.,  13. Birthplace Chapel Hill, North Carolina		
14. Malden name Holmes 15. Birthplace Chapel Hill, North Carolina	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.	
16, Informant Deceased	Actopsy resolts	
17. Paration, or removal. Which?)  Qate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
Cemelery or cremalory.  Mashington AC	Where did Injury occur?	
0 711	Means of injury Injured at work?	
18. Funeral director Address Address	23 SIGNATURE Daniel Leo. Pinucane mo	)
19. Lel. 3, 18 47 Koveland S. Philips (Date ree'd by registrar) (Date ree'd by registrar)	Address Flenn Dale Md. Date signed 2/3/4	-7

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

correct age

WRITE

PLEASE

VS



2-2430

### CERTIFICATE OF DEATH

٧.	Charlee	St.,	Baltimore	46-6)	
-					

			0		Reg. Dist. No.
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) 0 (For newborn infanta give residence of	
County Capitol Hgts Maryland  City or town Capitol Hgts Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospilal, institution, or street address where death occurred:			URAL and give nearest town)	Street No	ts, Md. s. write RURAL and give nearest town)
How long in hospital or	institution?			2.(a) If veteran, name war	
3. (a) FULL NAME	Mary Jar	ne Nair	n		3. (b) Social Security Number
4. Sox F.	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION
		W	idowed	20. DATE OF DEATH Feb. 1, 194'	7 18 47 14:50
	Geor	rge Wil	liam	21. I CERTIFY that death occurred on the date abo	
6.(b) Name of husband  7. Birth date of doceased (mo., day, y			) If alive, givo agoyears	and that I last saw h	46,10 19.5
8. AGE: Years		Days	If less than one day	arcuns	mad 5
88			hre. min.	A DALAN.	man man
11. Industry or business	Housewi s John Whit Unknown	fə	tate)	Oue to  Due to  Due to  Other conditions  (Include pregnancy within 3	2
14. Maiden name	Osborn			Major findings of operations	
14. Maiden name	Dover, D	alaware		Misjor Badings of Operations.	
	John W. N			Autopsy results.	
Address _	434-57th		to the same	PHYSICIAN: Please underline the cause to'w	bich death should be charged statistically.
17. (Burial, cremation	incl., or remyal. When	Date there	(month) (day) (year)	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide	Date of
Location A	Liver	ton	Na.	Injured at home, farm, industry, public place (w	
18. Funeral diversity	1.00.	Phe	entres Co.	Moans of injury	Injured at work?
19. Helder 19. Date rec'd by re	19.4.7.	Cas	vie F, Campbell	23. SIGNATURE Address 3/5/14/1/	Bate signed 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M

VS A15



MARGIN RESERVED FOR BINDING

VS A15

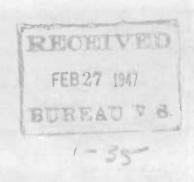
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore 1900
CERTIFICATE OF DEATH 2411 N. Charles St., Baltimore

01942

			1	2	121	
Zer.	Dist.	No.	2.	5	152	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Treed The County	State Manlined County Times Glorgo
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, writs RURAL and give nearest town)
How long in above place of death? Hospital, institution, or street address where death occurred:	70/- / 27/ (3/2)
6300 Sheef Cood	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME nettre num	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mate calerel separates	2D. DATE OF DEATH Felron 25 1947 at 8 A M
6.(b) Name of husband or wite Hertet humsely	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
	19 19
T. Birth date of deceased (mo., day, yr.) Necember 13, 1893	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediair cause of death DURATION
53 2 /2hrsmin	- Postura p
9. Birthplace Verginia	Que to setter out all right
Town, county, and atate)	in the told
10. Usual occupation.	Due to
11. Industry or business	
12. Name	Bther conditions
13. Birthplace	(Include pregnancy within 8 months of death)
HE HA Maiden name Linkhur 15. Birthplace Linkhur	Major fiediags of operations.
E 15. Birthplace	
16. Informant terrella cuan	Autopsy results
Address / 412 . 6 Wheet hell Mostyland	22. VIOLENCE: It death was due to external causes, till in the following:
(Burlal, cremation, or removal. Which?)  Bate thereo (month) (day) (year)	Accident, suicide, or homicide Consequent Date of 2 - 25 - 4
Cemetery or cremators trashing ton June es	Where did Injury occur? (City or town) (County) (State)
467-7 at National mater	Injured at home, tarm, Industry, public place (where?) 63.06
Location F Park Long	Meens at injurate tout in cold all lajures a york?
18. Funeral director	leputy medical expense
Address	23. SIGNATURE AM Dorother
19. 2/26 1947 Umanda Douney	address Aventarly was signed - 1549



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23-2)

### CEPTIFICATE OF DEATH

9				1
	Reg.	Dist.	No.	

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: Gounty France George of	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or jown-limits, write RURAL and give nearest town)	State Mary County Truce Conty County
Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)  Street No. (If Outside city or town limits, write RURAL and give nearest town)
How long in hospital or institution?	2.(a) If veteran, name war. 720
3. (a) FULL NAME Comelia ann Parsler	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fem W Widowed	20. DATE DF DEATH 726 3 19 47 21 7 A M
B.(b) Name of husband or wife Child . Thenry Oursles	21. LEERTIFY that death occurred on the date above stated; that lattended deceased from
7. Birth date of deceased (mo., day, yr.) Office 9	and that I last saw he Tailve on Feb. 2 19.47.
8. AGE: Years Months Days If less than one day	Immediate cause of dath Demarrhage goday
89 min.	
9. Birthplace Mary (Town, county, and state)	Due to Parly Chilings
10. Usual occupation House work after.	Due to
11. Industry or business	
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
7 4-1 B. 1 100+1	Bate of op.
16. Informant Land Control of the Co	Antopay results PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 660 / Temple mill hood of	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory. Mushus Communication	Where did injury occur? (City or town) (County) (State)
Location Bentonsille and	Injured at home, farm, industry, public place (where?)
18. Funeral director. Thomas 2. munique	Meens of Injury Injured at work?
Address 3007 - Nichols are S.E. Wood no	23. SIGNATURE tail Clau latto
19. Met 3 (Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	Address Mashington 19DE Date signed Feb 3

Registrar Address Maslumy on

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

FEB 8 1947

2 - 2340 --- 1-10

MARGIN RESERVED FOR BINDING

## VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18-6)

### CERTIFICATE OF DEATH

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	1.00		2	4	3	0
			100	67	1	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Propel Gloria	State Man County Prince Glores
City or town	HR
How long in above place of death? 4 Weeks	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred,	Street No. High Druge Adad
July may hood	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME Levothy Virginia	3. (b) Social Security Number
4. Sex 5. Color or raco 6. (a) Single, married, whicked, or divorced	MEDICAL CERTIFICATION
Jewol Colored married	20. DATE OF DEATH February 17 19 47 21 M
B.(6) Namo of husband or wife garfield Carker	21. I CERTIFY that death occurred on the dato above stated; that I attended doceased from
8.(c) If alive, give age 3. Syears	
7. Birth date of	and that I last saw halive on
doceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
2.1 hrsmin.	
9. Birthplace. Cleent Cl. (Town, county, and state)	Due to Pulmonon take culosis
19. Usuat occupation. Housewill	
	Due to
11. Industry or business	Dither conditions.
12. Name Struck Jonks 13. Birthplace Dettune, No	
	(Include pregnancy within 3 months of death)
14. Maiden name 15. Birthplaco 15. Birthplaco	Major fisdings of operations.
\$ 15. Birthplaco	Date of op.
18, Informant	Autopsy results
Address Barrie Min	
Rusial Bota thornal Feb 20 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
Burlal, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory. Batter & Charles	Where did injury occur?
Location Baron Laural R. J. D.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Rachalley Selly	Moss of Injury Injured at work?
Address 40 1 wash are Laurel mind	23. SIGNATURE COL
10 Febr. 19 10 42 Zus. N. W. Yungling	A do of the made in the property
(Date rec'd by registrar)	Address Date signed



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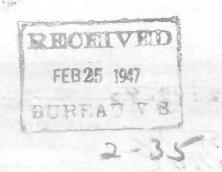
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-0)

### CERTIFICATE OF DEATH

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*	Rog. Dist. No.	

	Z 01 2 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County
How long in hospital or institution?	2.(d) IT veceran, name war
3. (a) FULL NAME John Thomas Par	
4. Sex S. Coldr or vace G.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  7010 1919 47.21 10 30 Am
6, (b) Name of huaband or wife Many Carlos	21. I CERTIFY that death occurred on the date obove stated that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  2. 8 (c) It alive, give age years  9. 8 (c) It alive, give age years	and that I last sow h
8. AGE: Yeara Months If Days It less than one dayhrsmin.	acute congestive
Howard Courts hid	Oue to Cardid vas cular servel
10. Usual eccupation. (Town, county, and state)	Que to
11. Industry or business	
12. Name de Carker  13. Birthplace	Other conditions
14. Maiden name lesteth Cardon 15. Birthplace md	Major findings of operations.
S. G Prathers	Autopsy results.
Address 1521-11th It nu. De	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following:
Date thereot (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Comments of the Comme	Injured at home, tarm, Industry, public place (where?)  Moena of Injury  Injured at work?
18. Funeral director.  Address 1820-Q 57. June	· weeputy made of the
19. 2/19 1947 Amanda Veriney	23. SIGNATURE M. D. or other  Address Torestarile We pate signed 2-1947



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

### CEDTIFICATE OF DEATH

CERTIFIC	CATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH  County  City or town  (1 out of the first of the RURAL and Rive nearest town  How long in above piace of doath?  Hospital, institution, or sireot address where doath occurred.  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants ive residence of mother)  State
3. (a) FULL NAME Josephina Parr	2 /1) C : 1C : N . 1.
4. Sox  5. Colored  6. (a) Single, married, widowed, or divorced  Harree  B. (b) Namo of husband or wifo  7. Birth date of  9. Colored  6. (c) If alive, give age	MEDICAL CERTIFICATION  2D. DATE DF DEATH  21. I CERTIFY that death accurred on the date above stated; that I attended daceased from 47  3. years apprint I last saw h. 22 alive on 200 19 47
8. AGE: Years Months Days If loss than one day  46   10   11   10   11   12   13   14   15   15   15   15   15   15   15	Due to.  Dua ta limited and plants and pressure of the plants and plants
12. Name Mary Plater  14. Maiden name Mary Plater  15. Birthplace	Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
Address 480 9 Boallow Black 16, 1944  17. Burial, cremation, or removal. Which?)  Date theroof. (month) (day) (year)	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to oxiornal causos, fill in the following;  Accident, suicide, or homicide
Location Blidenshing med  18. Funeral director Factorille Ind.  Address Hyattarille Ind.	Where did Injury occur?
19 Fet 15 147 Janus Severy (Date rec'd by registrar)	23. SIGNATURE Address 519-8th famel 2nd M. D. or other  Barrel 2nd M. D. or other  Barrel 2nd M. D. or other  Date signod 2-12-47



### MARYLAND STATE DEPARTMENT OF HÉALTH

orrect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

DURATION wells

/ .			CERTIFICA	Reg. Diat. No	
1. PLACE OF DEATH:  County Prince Georges  City or town Bladensburg  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  4219 Edmonston Road			URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Maryland County Prince Georgical City or town Bladensburg  (If outside city or town limits, write RURAL and give neare Street No. 4219 Edmonston Road  (If rural, give LOCATION)	est town)
How long in hospital o	r Institution?		••••••••••••••••••••••••••••••	2.(a) If veteran, name war	002200000000
3. (a) FULL NAME HARRY JOHN PATTON			N PATTON	3. (b) Social Security N 217-05-2981	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	W	idowed	20. DATE OF DEATH	21 7
6.(b) Name of husband 7. Birth date ot		6.(6	) If alive, give ageyear	21. I CERTIFY that death occurred on the date above stated; that I attended decease on 4 1842 to Jehr. 7	ed from11
8. AGE: Year 7	3 4	Days 8	If less than one day	Immediato cause of death	DUR.
10. Usual occupation.	Retire	<u>d</u>	ary⊥and	Due to	
14. Maiden name 15. Birthplace	Md.		ert	(Include pregnancy within 3 months of death)  Major findings of sperations	
Sedonia Harrigan  Address 922 Perry Place, Wash., D.C.  Burial 2/10/17			e, Wash., D.C.	Autopsy results	tatistically
		Hill	col 2/10/47 (month) (day) (year) Cemetery	Where did Injury occur? (City or town) (County)	(State)
Suitland, Maryland  18. Funeral director W. Rubus Punghaga			Maryland Humphage	Injured at home, farm, Industry, public place (where?)	
Address Be	ethesda, Ma		1 X	23. SIGNATURE AVOITS CU TO,  Address Hathrole USE Date signed.	0-1



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# 2411 N. Charlee St., Baltimore (197) CERTIFICATE OF DEATH

	UJ	34	8	
. Dia	t. No.	2	1	50

	108, 2011
1. PLACE OF DEATH: County Dearly Lange City or town Residence Many	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)  State
(If outside city or town limits, write RUKAL and give nearest town)	City or town Issuebell Me.
How long in above place of death?	(If outside city or town limits write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 13V Hullade N.A.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME Robert Dean Peifer	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, marred, widowed, or divorced	MEDICAL CERTIFICATION
male white	20. DATE OF DEATH. 2-16-47 19 47, 21 2 2.
	21. I CERTIFY that death occurred on the date above, stated; that I attended discessed from
6.(b) Name of husband or wife	Leb. 26 19.47 10. Leb 24 19.4
7. Birth date of	and that I last saw him alive on Ach. 24
deceased (mo., day, yr.) May 16, 1946	Immediair cause of death Bilateral Broneko- DURATION
8. AGE: Years   Months   Days   If less than one day	Preumonia
9 8 10hrsmin.	
9. Birthplace Krisicalalle MD	Due to.
(Town, county, and state)	Page (V.
10. Usual occupation	Que 1o.
11. Industry or business	oue to
E 12. Name James Robert Grifer	Other conditions ANO XEMIA
13. Birthplace Chestinfuel Illiance	
	UEHYDRHT/ON (Include pregnancy within 3 months of death)
14. Maiden name Doubles Allonsis  15. Birthplace Delature Allonsis	Major fiedings of operations
E 15. Birthplace Western, Florida	Date of op.
16, Informant Janus Celer	Autopsy results Broneho pneumonia-Bilat. Dehydration
Address Grender, mi	PHYSICIAN: Please underline the cause to which death should be charged statistically.
18 18 2/24/14	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof (month) (gdy) (year)	Accident, suicide, or homicide
Cemetery or cremafory	Whers did injury occur?
100 1.4/ 200	injured at home, farm, industry, public place (where?)
Location Control Contr	Magns of Injury Injured at work?
18. Funeral director Ault Clauding	
Address Tiverdelle "	Mrushan Min.
Fel 27 117 hours Sovers	23. SIGNATURE My or other
19. (Date rec'd by registrar)  Registrar	Address 4494 Guelushing Fo. Date signed 2-26-4

BINDING MARGIN RESERVED WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and leginly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

2411 N. Cha	rles St., Baltimore /70-@)
CERTIFICA	TE OF DEATH Reg. Dist. No. 242
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME William Henry P	3. (b) Social Security Number
1. Sex   5. Color or race   6.(a) Single, married, widowed, or divorted   Nesle   Colored   Manua q	MEDICAL CERTIFICATION  20. DATE OF DEATH. Follows 16 19 4 7 21 1257
6.(b) Name of husband or wife Ausie Punking	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Wasal 10, 6924	and that I last saw h
8. AGE: Years Months Days It less than one day  1. Ars. min  9. Birthplace County, and state)	Durio Crusted skeyl
10. Usual occupation	Due to
13. Birthplace Harrison  14. Malden name Clos Harrison  15. Birthplace Harrison	(Include pregnancy within 3 months of death)  Major fiediogs of operations.
16. Intermani. Esleth Punkie.  Address Retalie wol	Actopsy results.  PHYSICIAN: Please moderline the cause to which death shoold be charged statistically.  22. VIOLENCE: If death was due to external causes, fill to the following:
(Burial, cremation, or removal, Which?)  Cemetery or crematory	Accident, suicide, or homicide Date of Where did injury occur? (City or town) (Capnt) (State)
Location Washington & C  18. Funeral director. The Gasellis Sous	Injured at home, farm, industry, public place (where the injury at work? I we hears of the injury at work? I we hear the injury at work?
Address Stadent gurg ma	23. SIGNATURE SURVEY STATE M. D. FOTRET  M. D. FOTRET  M. D. FOTRET  Date signed 2-16-4

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2-2420 --- 2-10

Reg. Dist. No ..

(If outside city or town limits, write RURAL and give nearest town)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.



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2411 N. Charles St., Baltimore 93.

		No. 239
Reg.	Dist.	No. 2

1. PLACE OF DEATH: Prince Leur 21	2. USVAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
outing	State Mary Land County Washing loss
City or town. (If outside city or town limits, write RURAL and give nearest town)	1, /-
How long in above place of death? 4 Yas: 11M; 26 D	City or town A a gard town imits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1323 Oak Hill ave
Land, Sanifarim, Land, May land	(If rural, give LOCATION)
How long in hospital or institution? 4445. 11Ms.; 26D	2.(a) If veteran, name war
3. (a) FULL NAME along Miller Ports	3. (b) Social Security Number Unk.
Male White Devend	MEDICAL CERTIFICATION  20. DATE OF DEATH OF DEATH 23 19.47 21 8 47 A M
6, (b) Name of husband or wife. Lella Cawthers	21. I CERTIFY that death occurred on the date above stated; that Jattended deceased from March 28
7. Birth date of deceased (mo., day, yr.) June 24 - 1858	and that I last saw half alive on 43 1847
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
88 7 30min.	landrae De compensation 3 works
9. Birthplace A a gentium May Loud (Town, county, and state)	Chrosic My rearthetis our of you
10. Usual occupation Office of forestions.	
11. industry or business Maja W. & any - entered	General arterior & clevosis Unt
H 12. Name / tugh forta	Other conditions
13. Birthplace Musylvania	Senditu
14. Maiden name Mancy Miller	Major findings of operations.
15. Birthplace Penney Wanta	Date of op.
16. Informant Samitanin Records	Aotopsy results
Address Land Same, Laure, Mayber	
" Herral Pate thomas Feb 23-1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remoral, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory D / Tugustonu Max	Where did Injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director C. M. Senter and Some	Means of injury tajured at work?
Address Hagentoning mel.	23. SIGNATURE Sohn L. Welkered, Mal,
19 Feb 23 1847 M. Beachease (Date rec'd by registrar)	Address Laurel Mary Land Date signed 2/13/47

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-e

	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3.(a) FULL NAME Walter Ernest Rawlings	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white single	20. DATE OF DEATH 7- 1 6 19 47 at 1240 M
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Acade (for day yr.) ARV 18, 1925	and that I last saw halive on
geceases (mo., day, jr.)	Immediais cause of death
8. AGE: Years Months Days It less than one day	Henarloge and shorty
B. Birthplace	Due to Conditions  Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations.
S 15. Birthplace Chicago Illinois	Date of op.
16. Informant James E. Rawlings Address Kensington Md	Actorsy resolts
removal (Burial, cremation, or removal. Which?)  Cemetery or cremator ner Pumphrey Funeral Home Silver Springs aryland  18. Funeral director F'. Gasch's Sons  Address Hyattsville Maryland  19. Yolny 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Accident, suicide, or homicide (D. Carterial Causes, in the tonoung)  Accident, suicide, or homicide (D. Carterial Causes, in the tonoung)  Where did Injury occur? Color (City or town)  (City or town)  (Counts)  (State)  (State)  Injured at home, farm, Industry, public place (where?) at the tonoung of the town)  Memory of the town of the to



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (49-2)

### CERTIFICATE OF DEATH

Pag Diet No 23/0

01953

	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 4 / 8 / County  (If rural, give LOCATION)  2.(a) If veteran, name war
Reier, Mrs. Laura	3. (b) Social Security Number
4. Sex 5. Color of race 8.(a) Single, married, widowed, or divorced  Female white married  6.(b) Name of husband or wife Receiv M. Seonge	MEDICAL CERTIFICATION  20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) april 17-1872  8. AGE: Years Months Days If less than ooe day hrs. min.	October 19 47 10 Feb. 7 19 47  and that I last saw h. e. alive on Feb. 7 19 49  Immediate cause of death DURATION  Tox Receive a 3 weeks
9. Birthplace	the lating with Sixet extension to the 17 months  Lefterix usterns and adjacent times
12. Name John Boublitz 13. Birthpiace Pa.	Other conditions  [Include pregnancy within 3 months of death]
f4. Maiden name. Mary Catherina Mathia  F5. Birthplace  Fa.	Major fiedings of operations
Address 4108 Rainie are mr. Ray	Autopsy results
17. (Burial, cremation, or removal. Which?)  Cemetery or crematory. B.D. Landson.	27: VIOLENCE: If death was due fo external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director Wm. J. Mallay Address 3200-8. V. ave. Soft Rainin Ind.	Means of Injury Injured at work?
18. 2/20 19 47 anda Douney Registrar	23. SIGNATURE COSC MM, D. or other  Addressing George George MM, D. or other  Addressing George George George 2-18-97



A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will he sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, eto. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (h) the nature of the husiness or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (h) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer," etc., without more precise specification, as Day Laborer, Farm laborer, Laborer-Coal mine etc. Women at home who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may he entered as House. wife. Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from tusiness, that fact may be indicated thus: Farmer (retired 6 ys.) For persons who have no occupation whatever write None.

Statement of cause of death.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term of

the same diseases. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Meastes, Whooping cough, Chronic valvular heart disease; Chronic interstitia lnephritis, etc. The contributory (secondary or intercurrent) affection need not he stated unless important. Example. Measles (disease causing death), 29 ds; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (mercly symtomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion." "Heart failure." "Haemorrhage," "Inanition," "Marasmus," Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always quality as "PUERPERAL septichaemia" "PUERPERAL peritionitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by earbolic acid-Probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may he stated under the head of "Contributory."

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 191-8

### CERTIFICATE OF DEATH

- 1	P	
1	-	

01955 S. Dist. No. 23/0

	Reg. Dist. No
1. PLACE OF DEATH:  County Rinee Searges	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)
City or town	State Mery land county Prince Georges  City or lowa Mt. Ron. a
How long in above place of death?	City or town
Hospital Institution, or street address where death occurred of the desperation of the de	Street No. 3803 - 35 St. mt Konter (If rural, give LOCATION)
How long In hospital or Institution 3 days	2.(a) It veteran, name war
3.(a) FULL NAME Ria-hardson, Eva M	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FemoLe VV Marered	20. DATE OF DEATH 18 rebruary 19 47 at 11 /2 M
6.(b) Name of husband or wife Leonge	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
12.	2/13-19 47 10 2-184719
7. Birth date of TM - 1 3 1 0 90	and that I last saw h. excallee on 2/18 11-4 19.47
	Immediais cause of death
8. AGE: Years Months J Days It less than one day	Chrame glamands - nephritis
9. Birthpisce (Town, county, and state)	Due to
1D. Usual occupation	Due to
11. Industry or business	, A
12. Name Ree Kord  13. Birthplace Conn.	Longen: m Mai forwari ar of feat - Pleurite ther conditions
	(Include pregnance within 3 months of death)
14. Maiden name	Major fieddings of operations.  Date of op. 2/18/47
1/ 1 / 9	Actopsy results.
18. Informant	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address SAME	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)  (month) (day) (year)	Accident, suicide, or homicide
A STATE OF THE PARTY OF THE PAR	
Cemetery or crematory I.S. Lincoln	Where did Injury occur?
Location Wash - Balto Blod + W. Line md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Wary. J. Malley	Means of Injury Injured 29 work?
Address 3200- R. L. ave. Mt Rainiss md.	23. SIGNATURE HOYOL W/ Orighes Mills
19. Q/20 19.47 Umande Deusey. Registrar	Addressine Charge General Ho goto signed 2-18-49

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2411 N. Charles St., Baltimore [3-2)

	Reg. Dist. No
1. PLACE OF DEATH:  County Prince Seouge  City or town (If outside city or town mits, write BURAL and give nearest town)  How long in above place of death? 4 4 4 2 5 min  Hospital, institution, or streat address where death occurred:  How long in hospital or institution? 14 4 2 5 min  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Display of Colorada Grant Color
Ross, Mr. alever J.  4. Sex 5. Color or race 6.(a) many, widowed, with the many of the man	MEDICAL CERTIFICATION  20. DATE DF DEATH 2-13 . 19.47 21 6.55 M
8. (b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day hrs. min.  9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.3 — to Febr. 13.— 18.  and that I last saw hours alive on February 13.2 19.  Immediate cause of death ARCM ARCM OURATION  Due to Rohas Grant Arch Arch Arch Arch Arch Arch Arch Arch
16. Informant — Fannie Ross  Address 2949 M; Els Ave N.E Losl. D.  17. (Burial, cremation, or removal. Which?)  Cemetery or crematory.  Localion — Localio	Antopsy results

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 634)

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01957

Reg. Dist. No. 246 /

1. PLACE OF DEATH COUNTY COUNT		
State MARY Le AND Country  (It coulted stay or town limits, write KURAL and give mearest town)  Brown long in heapted of death?  Nogalial, institution, or street address where giash tecopred.  Note long in heaptill or institution?  Now long in heaptill or institution?  No long in heaptill or institution?  No long in heaptill or institution?  See S. Solve or race  S. Color or race  S. Col	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or town. Creaming the content of the content o	COURTY	
Novelog in above place of death?  Novelog in above place of death?  Novelog in hospital or institution. Where death occupred:  Novelog in hospital or institution?  Novelog in hospital or instituti	City or town	
Size   No.   Size   Address where death address where death address   Size		(If outside city or town limits, write RURAL and give nearest town)
Now long in hospital or institution?  3. (a) FULL NAME  IN IFRED ROSS  1. See S. Cober or race S. (a) Single, married, biddwed, or divorced with the common state of t	Hospital, Institution, or street address where death occurred:	
Now long in hospital or institution?  3. (a) FULL NAME  NINIFRED ROSS  1. Sex  S. Color or race  FEMFLE  WHITE  NIDOW  S. (b) Same of hurbard or wife  LOUIS  S. (c) It alive, give age  years deceased flow, day, yii.  Berth date of deceased flow, day, yii.  S. AGE: Years  Medicased flow, day, yii.  B. AGE: Years  Medicased flow, day, yii.  S. Birthplace  Town, country, and state)  10. Usual occupation.  HOUSE WIFE  11. Industry or business  12. Reme  13. Birthplace  RELAND  14. Maiden name.  RELAND  15. Birthplace  RELAND  16. Internant ARSED HERE HOME RECRED  Address SYOS—Quelino Classed Relationship.  Actiopsy results.  PHYSIAND  Actiopsy results.  PHYSIAND  2. VIOLENCE: If death was due to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tellowing:  Actiopsy results.  PHYSIAND  23. SIGNATURE  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  24. LOCAL STATE TO STA	5805 Queen's Chapel Koad.	(If rural, give LOCATION)
NINIFRED HOSS  4. Set		2.(a) If veteran, name war
4. Set S. Euber or race S. Golsingte. married, wildowed, or diverced WIDOW  6. (b) Name of hurband or wife. WIDOW  7. Berth date of Second (m. 6.07, yr.) RPR, 7, 18 6.7  8. AGE: Tears Menths Days II less than one day Companies (m. 6.07, yr.) RPR, 7, 18 6.7  9. Birthplace. MARXYMAN D. Companies (Town, county, and state)  10. Usual occupation. HOUSE WIFE  11. Industry or business  12. Name. JEHN CARNE KEARD  13. Birthplace NGRASHER HONE REARD  14. Maiden name. MIHERME KEARD  16. Intermant MARKER HEARD  16. Intermant MARKER HEARD  16. Intermant MARKER HEARD  16. Intermant or removal. Whitely). Date the recoll of the state of operations.  18. Functal director. Marker Ma		3. (b) Social Security Number
5.60) Name of husband or wife	WINIFRED ROSS	
8.(b) Name of hubband or wife OULS W. ROSS  1. Birth date of Scotland Scotl	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Second content of the whole of or wife   Second content of the state of deceased (mo. day, r.)   APR, T, D   T   Second content of deceased (mo. day, r.)   APR, T, D   T   Second content of deceased (mo. day, r.)   APR, T, D   T   Second content of deceased (mo. day, r.)   APR, T, D   T   Second content of deceased (mo. day, r.)   APR, T, D   T   Second content of deceased (mo. day, r.)   APR, T, D   T   Second content of deceased (mo. day, r.)   APR, T, D   T   Second content of deceased (mo. day, r.)   And responsible to the second content of deceased (mo. day, r.)   And responsible to the second content of deceased (mo. day, r.)   And responsible to the second content of deceased (mo. day, r.)   And responsible to the second content of deceased (mo. day, r.)   And responsible to the second content of deceased (mo. day, r.)   And responsible to the second content of the second content of deceased (mo. day, r.)   And responsible to the second content of the second content	FEMALE WHITE WIDOW	20. DATE DE DEATH February 27 147 17:00a
1. Birth date of deceased (mo., day, yr.) APR, 7, 18 of deceased (mo., day, yr.) Apr, 19 of deceased (mo., d	5 (b) Name of bushand or wife LOUIS W. Ross	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
1. Birthplace   1. Birthplac		January 4 19 47 10 February 27 1947
S. AGE: Years Months  Days If less than one day  79  10  20  hrs. min.  S. Birthplace. Town, county, and state)  10. Usual occupation. County in the total public place in the cause to which death about be charged statistically.  11. Industry or business  12. Name. RIMENIAE  13. Birthplace  14. Maiden name. RIMENIAE  15. Birthplace  16. Intermant RESEAD HEART HOME RECORD  Address SECS—Querio Clashel Rd. Hattaille in the totlowing:  17. Cemetery or cremitary. The control of the contr	7 Right date of	and that I last saw h er alive on February 20 1947
S. Birthplace		
S. Birthplace	0.7102	Congestive heart failure 2 wks
Due to  10. Usual occupation. House Wiff E  11. Industry or business  12. Name. JEHN CARNEY  13. Birthplace IRELAND  14. Maiden name. AIHERINE NIZOFF  15. Birthplace MARYLAND  16. Informant ASRED HORRI HOME REARD  Address 5805 Queen o Chabul Rd. Hattaille Ind.  11. Industry or cremation, or removal. Which? Date thereot. Impossib (day) (year)  Cemetery or crematory. Location. Locat	79 10 20hrsmin.	Hyperthyroid basis
Due to  10. Usual occupation. House Wiff E  11. Industry or business  12. Name. JEHN CARNEY  13. Birthplace IRELAND  14. Maiden name. AIHERINE NIZOFF  15. Birthplace MARYLAND  16. Informant ASRED HORRI HOME REARD  Address 5805 Queen o Chabul Rd. Hattaille Ind.  11. Industry or cremation, or removal. Which? Date thereot. Impossib (day) (year)  Cemetery or crematory. Location. Locat	a Richaige MARYLAND	Due to
Due to.  11. Industry or business  12. Name	(Town, county, and state)	
Diher conditions.  Diher conditions.  Diher conditions.  Diher conditions.  Diher conditions.  (Include pregnancy within 3 months of death)  (Include pregnancy within 3 months of death)  Major findings of operations.  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide.  Date of .  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Manual of the conditions.  Major findings of operations.  Major findings of operations.  Major findings of operations.  Matopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Date of .  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Magnes of injury injured at work?  Major findings of operations.  Major	10. Usual occupation. HOUSEWIFE	Due to
Diher conditions.  Diher conditions.  Diher conditions.  Diher conditions.  Diher conditions.  (Include pregnancy within 3 months of death)  (Include pregnancy within 3 months of death)  Major findings of operations.  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide.  Date of .  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Manual of the conditions.  Major findings of operations.  Major findings of operations.  Major findings of operations.  Matopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Date of .  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Magnes of injury injured at work?  Major findings of operations.  Major	11. Industry or business	
13. Birthplace   RELAND   (Include pregnancy within 3 months of death)		Diher conditions
(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please nuderline the cause to which death should be charged statistically.  Autopsy results.  PHYSICIAN: Please nuderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide.  Date of op.  Autopsy results.  PHYSICIAN: Please nuderline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Date of op.  Autopsy results.  PHYSICIAN: Please nuderline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Mans of Injury Injured at work?  Mans of Injury 23. SIGNATURE.	I PEI PND	
18. Informant SASRED HEART HOME RECORD  Address 5865-Queen o Chapel Rd. Hattaville and  17. Burial cremation, or removal. Which?  Cemetery or crematory  Location  Location  18. Funeral director.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Manns of injury  Injured at work?  23. SIGNATURE  M. D. or other		(Include pregnancy within 3 months of death)
18. Informant SASRED HEART HOME RECORD  Address 5865-Queen o Chapel Rd. Hattaville and  17. Burial cremation, or removal. Which?  Cemetery or crematory  Location  Location  18. Funeral director.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Manns of injury  Injured at work?  23. SIGNATURE  M. D. or other	E 14. Malden name ATMERINE	Major findings of operations
Address 5805 - Queen o Chabel Rd. Hattaulle md  17. Burial cremation or removal. Which?  Cemetery or crematory  Location  18. Funeral director.  Address 3821 - 4 th. St. Mw. Wash. Mo. 23. SiGNATURE  My Description of the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Mans of Injury  18. Funeral director  Address 3821 - 4 th. St. Mw. Wash. Mo.  23. SiGNATURE.  My. D. or other	15. Birthplace MARYLAND	Date of op.
Address 5805—Queen o Chabel Rd. Hattaville and pate thereot. March 1 1947  (Burial, cremation, or removal. Which?). (month) (day) (year)  Cemetery or crematory and address of the cause to which death should be charged statistically.  Location and address of the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide	18 INTERNATIONAL RECORD	Autopsy results
22. VIOLENCE: If death was due to external causes, fill in the following:  17.	0 10001	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
(Burial, cremation, or removal. Which?).  Cemetery or crematory  Location  Location  18. Funeral director  Address 3821-4 th. St. W. Wash. Mo.  Msans of Injury  23. Signature  Ms. D. or other	Address of CS - Queen o Chapter No. 1	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
Cemetery or crematory That. Obveet County (State)  Location County County (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of Injury (City or town) (County) (State)		Accident, suicide, or homicide
Location Washington, We "Injured at home, farm, industry, public place (where?)  18. Funeral director  Address 3821-4 th. St. M.W. Wash. Do  23. Signature  My D. or other	Short 100 west Vacant Const	Where did injury occur?
18. Funeral director.  Address 3821-14th. St. M.W. Wash. Do  23. SIGNATURE.  Msans of Injury Injured at work?	Cemetery or crematory.	
18. Funeral director	Location Washington 1 750	
Address 3821-14th. St. M. Wash. Alo 23. SIGNATURE M. D. or other	18. Funeral director Prancis Mooligns AA	Means of Injury Injured at work?
Address 36 M. D. or other	11 +1 4 70 7010 1 0000	V - et en:
700 117 100 100 100 100 100 100 100 100	ADDRESS SO OLI TO TO TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL	23. SIGNATURE M.D. or other
	19 2 ely 23 19 47 mgs, Jas, Devere	

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# VS A15

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

# 01958

### CERTIFICATE OF DEATH

Reg. Dist. No. 23/0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Or. Ju. Co	200 8
City or town Colina Mana	State County
(If outside city or town limits, write RURAL and give nearest town)	City or town. Olevander Company (If outside city or town limits, write RURAL and give nearest town)
How long In above place of death?	K T / O
Hospital, institution, or street address where death occurred:	Street No. 1324 40 W.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Tearge Goward Schla	rle.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 30
m no widawed	20. DATE OF DEATH 7 el 8 1947 217 P.
m. Follow Alleal	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6.(b) Name of husband or wife	1046 10 2 - 2 1947
7. Birth date of	and that I last saw hoff rallye on 2 - 7
deceased (mo., day, yr.) Suly 4-1863	
8. AGE: Years Months Days If less than one day	Immedia cause of death OURATION
\$3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The state of the s
111 to 100	Galley Miller Com 1241
9. Birthplace	Oue to. My Charles
10. Usual occupation Retired Farmer	
10. Usual occupation	Oue to
11. industry or business	
12. Name United Similars  13. Birthplace Ginney	Other conditions
13. Birthplace General	
M Vige:	(Include pregnancy within 3 months of death)
14. Maiden name. Mally Killian  15. Birthplace	Major findings of operations.
E 15. Birthplace	Date of op.
Will Select	
16. Informant	Antopsy results
Address M. + , D. 1 3440 Villerseeding V4	
10 Pale Marcel 7 86-11-47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Classification Certain	Where did injury occur?
Location Suntlaced, and	Injured at home, farm, industry, public place (where?)
18. Funeral director WW Pranches 6	Means of Injury Injured at work?
Address 577-11 SN D.E.	Jaman James
2/9 112 /	23. SIGNATURE. M. D. of other 11-2
19. (Date recti by registrar) Registrar	Address Tynth - The Bate signed 24-4/



# VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 1240 CERTIFICATE OF DEATH

01959 Reg. Dist. No. 2420

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Audi 20	500 (Tours of Go. 1 -
City or town	State / County / County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	2 2/8 4 874
328-48th that ave.	Street Ro
How long in hospitat or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
Richard O'dell St	Pay
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male whit married	20, DATE OF DEATH February 21 19 47, at 5 3 PM
0000	
6.(6) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive, give age 22 years	
7. Sirth date of deceased (mo., day, yr.) Alec ember 7, 1910	and that I last saw kalive on
8. AGE: Years   Months   Bays   It less than one day	Immediate cause of death
3.6	a contraction to
0 0	Jackers
9. Birthplace	Due la Claronica also hallos
10. Usual occupation	Due to
11. industry or business	
12. Name	Other conditions Certification of the level
5. 13. Birthplace	(Include pregnancy within 3 months of death)
# nome Waller	(Include pregnancy within 3 months of death)
14. Malden name Naome Waller  15. Birthplace Vagana	Major fiadings of operations
₹ 15. Birthplace	Bate of op.
16, informant Physics Stay	Autopsy results.
Address 3. 2 8 - 4 8 Ph lare. Calbetal He hu	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 11 10 1 1 1	22. VIOLENCE: It death was due to external causes, filt in the tollowing:
(Burlal, cremation, or remogal, Watch)	Accident, suicide, or homicide
Cemetery or company Spottsylvoma (a	Where dld injury occur?
cometery of commands of the co	
Location Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director St. OV. Chambers teo	Means of Injury Injured at work?
Address 577-116 st 8 8.	Nepuly medical danne
7 0 66 70 1000	23. SIGNATURE
19. Tele 22 19. 47 Carriet Campbell	Address Install 1 Date signed 2 21 - 47



### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore (33-0) CERTIFICATE OF DEATH

01960

		~ ?	1
Reg.	Diat.	No. 20	4

<i></i>	and a trace of the state of the	
1. PLACE OF DEATH: 4	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County June Jenges	(For newboru infants give reaidence of mother)	
(If nutside city nr lown limits, write RURAL and give nearest town)	State County County	
How long in above place of death?	City or town	
Hospital, institution, or street address where death occurred:		
/	Street No. 2 / L. Cart   Kahwag 2	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Charles Monglas Jellman		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
MCS	20. DATE DE DEATH. 29 Feb. 19 47 21 8 45 PM	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of	26 Feb 1942 to 28 Feb 1942	
deceased (mo., day, yr.) Rep. 19,1946	and that I last saw h.l. 24	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Their Aug. DURATION	
2 //nin.	Zday	
- 11 90 11 0 1 90 1 1		
9. Birthplace Many (Town, county, and state)	Due to Tay Managa	
1D. Usual occopation	Due to	
11. Industry or business		
12. Name Walson Sellman  13. Birthplace Ps Sea Co	Other conditions	
13. Birthplace On Seg Co	(Incinde pregnancy within 3 months of death)	
E 14. Maiden name Dladya Brul	(Include pregnancy within 8 munths of death)	
15. Birthplace Py Des Co	Major findings of operations	
1 41/1/4	Date of op.	
16. Informant Agaly Julingen	Autopsy results.	
Address Upper Marbors Md	PHYSICIAN: Please underline the cause to which death should ho charged atatistically.	
11/ Tursial Pale thereof 3-/-47.	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or reportal, Which?) (Burial, cremation, or reportal, Which?) (month) (day) (year)	Accident, sutcide, or homicide	
Cemetery or crematory	Where did injury occur?	
Location Thewar Marlfolo Md.	Injured at home, farm, indostry, public place (where?)	
18. Funeral director / silenie / Bros	Means of injury Injured at work?	
Address They marlborg MA.	81121	
1/10, 115 08 (1/1/10)	23. SIGNATURE M. D. D. C. C. M. D. D. C. C. M. D. C. C. C. C. M. D. C.	
19. (Date rec'd by registrar)  Registrar	Address Upper Mash was Ind Date signed 25 Feb 47	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



Reg. Dist. No ....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
000113	State County County
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town (1f outside city or town limits, write RURAL and give neagest town)
How long in above place of doath?	(If outside city or town limits, write RURAL and give negost town)  Street No
SACRED HEART HOME	Street No. (If rural, give LOCATION)
How long in hospital or institution? Jyz 1 mo. 23 Lay o	2.(a) I1 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MARY P. SMAI	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE SINGLE	20. DATE OF DEATH. 7-21-23 19-4) at 12-3 M
6.(b) Name of hoshand or wife	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from
8 (a) II allua miya ama yaana	Jan 1 194), 10 Feb 23 194)
7. Sirth date of deceased (mo., day, yr.) DEC. 15, 1873	and that I last saw h. A1 allve on 24 32
	Immediate cause of death
o. Aut.	congestion heast fullite sweeps
	Hag pulmane 13223
9. Birihplace	Due to
N-1=	3
	Bue 10
11. Industry or business  EL 12 Name CHARLES SMART	
E 14 man	Other conditions
	(Include pregnancy within 3 months of death)
14. Maideo name. DORA PURCELL  15. Birthplace /RELAND	Major findings of operations
IS Sirthplace /RELAND	Bate of op.
16 Informant SACRER HEART HOME RECORDS	Autopsy results
Address 5805 Queen's Chapel Rd. Hyotteville mel	PHYSICIAN: Please underline the cause to which death should be charged statistically.
9-10 2-25-27	22. VIOLENCE: Il death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mt Olevet Cemetery	Where did injury occur?
Location Washing ton N.Co.	Injured at home, farm, lodustry, public place (where?)
Harvain Hallen -	Means of Injury Injured at work?
18. Funeral director.	
Address 3821-14 th. St. M. W. Wash, W	23. SIGNATURE M.D. or other
19 Yelry 23 19 47 ma Jan Januare	Address 352 Horme D. C. Bate signed 18123-47

CERTIFICATE OF DEATH

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1. PLACE OF DEATH:

How long in above place of death?..

How long in hospital or institution?. 3, (a) FULL NAME

Years

10. Usual occupation.....

tt. Industry or business

13. Birthplace

14. Maiden nat 14. Maiden name

18. Funeral director Address

(Date reg'd by registrar)

4. Sex

7. Birth date of deceased (mo., day, yr.)

8. AGE:

PRINCE

Hospitah institution, or street address where death occurred

Months

(Toyin, county, and state)

(If outside city or town limits, write RURAL and give nearest town

4 CORS

6.(a) Single, married, widowed, or divorced

If less than one day

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•	A TRITA
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A15	100
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltim

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CERTIFICAT

	E OF DEATH	Reg. Diat. No.	31
	Street No. 4607 D.	E) OF DECEASED: ce of mother)  County  County	Dearges
-		3. (b) Social Security Nu	mber
	MEDICAL 20. DATE DF DEATH. Leb 21	CERTIFICATION	8 / A N
	21. I CERTIFY that death occurred on the da	the above stated; that I attended deceases	d trom 3 19 4 7
	Immediain cause of death TON	* failure	DURATION
	Due to Acute FATT	Myocardity Lanfiltration	
	013 FS	6 210er	
-	(Include pregnancy with		
	Major findings of operations.  Antopsy results. AS Above PHYSICIAN: Please underline the cause		tistically.
-	22 VIOLENCE- It death was due to extern	nal causes, till in the tollowing;	

injured at home, farm, industry, public place (where?) Meens of Injury

Where did Injury occur? .....(City or town)

Accident, suicide, or homicide....

tnjured at work?

23. SIGNATURE

(State)



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore (3Pa)

01963 Reg. Dist. No. <u>142</u>0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Truce Georges	(For newborn infants give residence of mother)
City or town Cahland	State County True Goals
(If outside city or town limits, write RURAL and give nearest town)	City or town Oakland
How long in above place of death?. 3. 6. 49.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where booth occurred:	Street No. 6 ) vachar hall Co
to to want to only	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charles Welliam Hen	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
hale which house as a	71 (00.4
and the second	20. DATE OF DEATH 19 19 M
8.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) V	Immediate cause of death DURATION
	acite conseluteat
3 10 +hrsmin.	tarlier "
9. Birthplace	Due to Carlo saular renal
9. Birthplace	descarl
10. Usual occupation.	D
11. Industry or business	Due to
	Other conditions.
	(Iuclude pregnancy within 3 months of death)
H 14. Malden name Milliam Masky	
14. Maiden name Milhelmin Masle 15. Birthplace	Major findings of aperations.
90()	
16. Informant	Autopsy results
Address 6 00 Walker Well Wood	
17 Swind Date thereof Let 25,1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Bnrial, cremation, or removal. Which?) (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory torestrille Cameley	Where did injury occur?
Location Lorestville and	Injured at home, farm, Industry, public place (where?)
7 Genelia vona	Means of Injury Injured at work?
18. Funeral director	hlopet had allhouse
Address Syallsvelle na	
2/23 12 Umanda Neur	23. SIGNATURE Mr. D. or other
(Date/rec'd by registrar)  Registrar	Address torestrell we Date signed 2 - 21-47
	The state of the s

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

01964 No. 2324 Reg. Diat. No. ...

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mothar)
City or town	State County County County
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, mark	ied, widowed, or divorced MEDICAL CERTIFICATION
male white wid	land 20. DATE OF DEATH Falron 23 1847, 21339
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	ive give age veges Tele 19 4 , to fall 7 5 19 6
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) Warch 30, 1	Immediate cause of death
0. Add.	hrs. min. Cerelial thromboses
QT 3- 0	
9. Birthplace	Due to Due to
	disease
10. Usual occupation.	Due to
11. Industry or business	
12. Name Lucky	Dither conditions
13. Birthpiace Cue land	
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
₹ 15. Birthplace	Date of op.
18. Informant has Cade J. Ole	Antoney results.
0000	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cheftenham h	22. VIOLENCE: If death was due to external causes, fill in the following;
17 July Date thereof	4-24-7/
(Burial, cremation, or removal Whith?)	(pronth) (day to each) Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Chellersham	Injured at home, farm, industry, public place (where?)
18. Funeral director. I Pilital Dis	There Means of Injury Injured at work?
5/// 1800 1 1/10	- Fred.
Address Mylle Marwood	23. SIDNATURE
190102/1941	23. SIDNATURE M. D. ot other
(Date rec'd by registrar)	Registrar Address Document Mate signed V 10 4

FED 28 1947

### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore (182) CERTIFICATE OF DEATH

		1	2	7	0
Reg.	Diat.	No	1.		

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of motions)		
County Church Glenger			
City or fown(If outside city or town limits, write RURAL and give nearest town)	State		
	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of dealh?			
	Street No		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME aseph Richard I	Chomus 3. (b) Social Security Number		
4. Sex (5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male Calned Angle	2D. DATE OF DEATH. Feling 7 1947, at 700 AM		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	19, to		
7. Birth date of	and that I last saw halive on		
deceased (mo., day, yr.) September 29, 1946	Immediate cause of death		
8. AGE: Years Minths Days I fless than one day	asledin		
4 9mi	n.		
Reading had	Due to One laving mother		
9. Birthplace (Town county, and state)	Just 10		
10. Usual occupation	Dua to		
11. Industry or business			
	Other conditions		
12. Name Realised Thomas I 13. Birthpile Land			
	(Include pregnancy within 3 months of death)		
14. Maiden name Sales Hernetta Harp	Major findings of operations.		
15. Birthplace throughout	Date of op.		
18 informant Land Shows An	Autopsy results		
	PHYSICIAN: Please moderline the caose to which death should be charged statistically.		
Address 7 - 8-47	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?)  Bale thereof. (month) (day) (year)	Accident, suicide, or homicide Release Bate of 27-47		
Cemetery or cremainty House of The Crumly	Where did injury occur? (City or fown) (County) (State)		
Bras allet well and Durch	Injured at home, farm, Industry, public place (where?)		
Location	Meens of injuries land I walk tred at work?		
18. Funeral director. A sulfill & Eggling	Ricella of Inday		
Address waldey and	plepouty hielical thammer		
1.1 11 m 1/2 1	23. SIGNATURE M. D. or other		
(Date ree'd by registrar)  (Date ree'd by registrar)  (Date ree'd by registrar)	ar Address Forestollin Bate signed 2 - 7-47		
(Date rec d by registrar)	The state of the s		

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correct age

1. PLACE OF DEATH:

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

01966

County Prince County County Prince County County County Prince County County Prince County Co	ω,
How long in above place of death? 55 days (If outside city or town limits, write RURAL and give nearest Hospital, Institution, or street address where death occurred:  Street No. 13.12 hongs ellow Street IV.  (If regal, give LOCATION)	ω,
How long in above place of death? 3.3 days (If outside cityfor town limits, write RURAL and give nearest Hospital, institution, or firest address where death occurred:  Street No. 13.12 hongfellow 547667 17.  (If retal, give LOCATION)	ω,
Seland In emonal Hospital (If rotal, give LOCATION)	
	aber
How long in hospital or institution?	aber
	nber
3. (a) FULL NAME	
Mrs Lodema Travis	
4. Set 5. Color or race 8.(a) Singlin, married, widowed, or divorced MEDICAL CERTIFICATION	
	200
Temula White widowed 20. DATE OF DEATH Selvery 19 47, al	P
6.(b) Name of husband or wife Thomas J. I ravis 21. I CERTIFY that death occurred an fine date above stated; that lattended deceased	from
December 1, 1946 10 10 10 10 10 10 10 10 10 10 10 10 10	1,18 2/
7. Pints date of surface of surfa	1997
deceased (mo., day, yr.) March 11, 1859	DURATION
8. AGE: Years Months Days if less than one day	1 42.
87 4 mo. 23	
9. Birthplace Delta Co, Ohio Due 10 A Cososcherois, Heneralied 3	20 mg
9. 8irthplace	
10. Usual occupation House wife	
Due to	
11. Industry or business    11. Industry or business	***************************************
	/
	ms.
14 Maldan name Delilah Mc Quillan	
Major findings of operations.	
16. informant Stenley T. 1 ravis Autopsy results.	ati a Ne
Address 1380 Fort Stevens Drive N.W. PHYSICIAN: Please underline the cause to which death should be charged statis	вискиу.
22. VfOLENCE: If death was due to exfernal causes, fill in the following;	
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)  Accident, suicide, or homicide.	
Cemetery or crematory	tate)
Injured at home, farm, Industry, public place (where?)	
LOCZIION	
18. Funeral director S. H. Homes Co. Means of Injury injured at work?	
Address 2901-14 & ST. N. W.	7.0.
Fet 2 167 Jams Sever Price del Md M. D. or ot	ther - 1 - 47
(Date rec'd by registrar) Registrar Address Dafe signed	

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### VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

	- ()	1	9	6	7			
eg.	Dist.	No.		2	4	45	0	

County	(For newborn infants give residence of mother)  State. ARY OND County  City or town (If outside city or town limits, write RURAL and give nearest to Street No. 7302  (If rural, give LOCATION)  2.(a) If veteran, name war	town)
3. (a) FULL NAME	3. (b) Social Security Num	her
MOO EDITH WALL TU	NEEDALE	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
F W M.	20. DATE OF DEATH. February 26 19 47 10	.45 Am
6.(b) Name of husband on wife PLON 20	21. I CERTIFY that death occurred on the date above stated; that I attended deceased for	rom
C.(c) Name of Hadding of	1905., to.date.ofd	eath
7. Birth date of 7. Sirth date of 7. Sir	and that I last saw h	194.7
deceased (ma., day, yr.)	Immediate cause of death Coronary Thrombosis	DURATION
8. AGE: Years Months Days It less than one day	15 - 38 ng	
76 2hrsmin.		y yrs
9. Birthptace England (Town, county, and state)	Ove to Organic Heart Disease	10 yrs
10. Usual occupation	Due to Arterio Sclerosis	30 yrs
11, todustry or business	30 705 rs	
E 12 Name ANDREW WAI	Other conditions	************
13. Birthplace E119/2110		
	(Include pregnancy within 3 months of death)	
14. Malden name HENES BENT El 15. Birthplace ENGIALID.	Major findings of operations. NONE	
	Date of op.	
16. Intermant M. P. ALON 20 TWEE 09/4	Autopsy results	tics lly.
Address 7302 HILTON DVE. WKURA SARA	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Buryal, cremation, or removal, Which?)  (Buryal, cremation, or removal, Which?)  (month) (day) (year)	Accident, suicide, or homicide	***************************************
- LI FALLIDAD		
Generally 0	Where did injury occur? (City or town) (County) (Sta	
Location WASHINGTON, DCD	Injured at home, farm, Industry, public place (where?)	
18. Funeral director suppl Jawelus Forma	Means of Injury Injured at work?	
Address 1756 PENN. AVENW. WASN. D.C.	m Q. Equalist	mit
Feb 28 1.47 Jams Severy	23. SIGNATURE	6 /47
19. Fee 38 1941 James Blvery Registrar	Address 1026 16th St. N. W. Date signed 2/2	0/4/



PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 117-0

CERTIFICATE OF DEATH

County	Riverdale utside city or town li of death?	e, Mar mits, write R Year death occurred	URAL and give nesrest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  County Prince George 's  City or town.  University Park  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
	EDWAL	KD MIR	OR WALKER	
4. Sex Male	5. Color or race White		married, widowed, or divorced Married	MEDICAL CERTIFICATION  Pebruary 2, 19 47, 31 3 A
6.(b) Namo of husband	Dor	othy	Walker	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Hamo of Husbano	01 WIIC	5.(6	e) If alive, give age vears	
7. Sirth date of deceased (mo., day, y	(Ap)	ril 2]	e) If alive, give ageyears L, 1905	and fhat I fast saw halive on
8. AGE: Years	Months	Days	it less than one dayhrs. min.	Immediais cause of death Duration  Herocheya and plood
	9. Birfhplace			Due to Seather Weens!  Duo to
12. Name	John B. 1 Bedford, Co.	, Vi	ginia ·	Dither conditions
15. Birfhplace	Ellic P	Vir	ginia	Major findings of operations
16. Informant	• F. Car		St., University	Antopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Cemetery of Cremate	or removal. Which?) Glen	wood (	(month) (day) (year) Cemetery	*22. VIOLENCE: If death was due fo external causes, fill in the following:      *Accident, suicide, or homicide
Location	Washingt	on, D	· C •	injured at home, farm, industry, public place (where?)
18. Funeral director	W. W. C. verdale,			Means of injury injured at work?  Neput medical samuel
19. Cate ree'd by Agristrar)  19. Cate ree'd by Agristrar)  19. Cate ree'd by Agristrar				23. SIGNATURE D. Or other Address Lates Lull Month Date signed 2 2 4

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-D

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Disa	W.T	2	1	3	4	0

......Date signed 2/19/40.

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	CERTIFICATE OF DEATH  Reg. Dist. No. 23 40
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3.(a) FULL NAME	To
4. Sex 5. Color or race 6.(a) Single marri	2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days it!	e, give age years  8 7 0  Immedia: cause of death  Immedia: cause of death  Due to  Due to
10. Usual occupation	Due to
13. Birthplace  14. Malden name & liga Priving &  15. Birthplace  16. Informant Catherine Carelle	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
Address Charle Ttile  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory	(City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE
(Date rec'd by registrar)	Registrar Address Brands was the Date signed 19/4.

Address Brandy www.



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PLACE OF DEATH:

How long in above place of death?..

How long in hospital or institution?. 3. (a) FULL NAME

Hopital, Institution, or street address where death occurred:

www.	130 401Call
4. Sex 5. Color or race	B.(a)Single, married, widowed, or divorced
$m - \omega$	married
6.(b) Name of husband or wife.	el Edlund.
7. Birth date ot deceased (mo., day, yr.) //- /C	
8. AGE: Years   Months	Days   If less than one day
72 , 3	14hrs.
9. Birthpiace Pr. 9eo. (Town	eounty, and state)
10. Usual occupation	mer
11. Industry or business	1
I 12. Name Ele T.	Walion
13. Birthplace	ma.
14. Maiden name. Were	Trienau
E 15. Birthojace	ned.
16 Informant Staceley	15. Watson
Address 3900 - 16ane	lon - He alterell
Buriel	Date thereof 2 /27/47
(Burial, cremation, or removal. Which	
Cemetery or crematory	Sauce
Location	aden, jud.
18. Funeral director. Hum	It Thyon
Address	raedors md.
2/24 1/7	ana Do Dune
(Date rec'd by registrar)	Regis

george

write RURAL and give nearest town)

2. USUAL RESIDENCE (HOME) OF D	ECEASED:
State Mary age County	Pr. 9es. Couly
City or town	rie RURAL and give nearest town)
Street No. (Ifrural, give LO	CATION)
2.(a) It veteran, name war	
	3. (b) Social Security Number
MEDICAL CER	TIFICATION
20. DATE OF DEATH 2-24-4 2	19 21 7:1074
21. I CERTIFY that death occurred on the date above s	stated; that I attended deceased from
1-15	2 10 2 - 24 1941
and that I last saw h	23-47 19
Immediate cause pl death	DURATION
Carcurana	
Head of	mars / year
Due to	
Due to	
944 and distance	
Other conditions	••••••
(Include pregnancy within 3 mon	
Major findings of operations.	and the
of Paneus Thetast	Date of op
Autopsy results	death should be charged statistically
22. VIOLENCE: If death was due to external causes	
Accident, suicide, or homicide	
Where did injury occur?(City or town)	
injured at home, tarm, industry, public place (where	
Meens of Injury	Injured at work?
23. SIGNATURE COLOTA	Lu-LP
Hottavello L	M. D. or other  Date signed 3 3 4 7 7
wantess	Parc 3.Pilea

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

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CERTIFICAT	E OF DEATH Reg. Dist. No.		
1. PLACE OF DEATH  County  City or town  (Routside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Inspiral, institution or street address where death occurred:  How long in hospital or enstitution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Foo pewbor) infants give residence of mother)  State  City or town  (If outside city or town limits) write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.		
3. (a) FULL NAME Louise E. Wi	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced smalle; white; single:	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  1847. 21 7 8		
6.(b) Name of husband or wife 6.(c) It alive, give age years  7. Birth date of deceased (mo., day, yr.) from 27, 18610	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 47 to 19. 47  and that I last saw h live on 19. 47  Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day hrs. min.  9. Birthplace	Immediate cause of death  Importunities Co.  Due to.		
11. todustry or business    12. Name   Martin wetner   13. Birthplace   Martin   Mar	Other conditions		
14. Maiden name Elizabeth King 15. Birthplace 18. Informant alice welmen socie  18. Informant Northern Socie	Major findings of operations		
Address    Cremation   Date thereof   O.1947     (Burial, cremation, or zemovel. Which?)   Cemetery or crematory.   Cemet	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Location Sintland and  18. Funeral director Address Agatherillo Mil	Means of Injury  Means of Injury  Injured at work?		
19 Feb 9 Janus Levey Registrar	23. SIGNATURE M. D. D. M. M. D. M. M. M. D. M.		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Income is especially important. Physicians: please write the causes of death clearly and leably.

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Registrar

Address 4108

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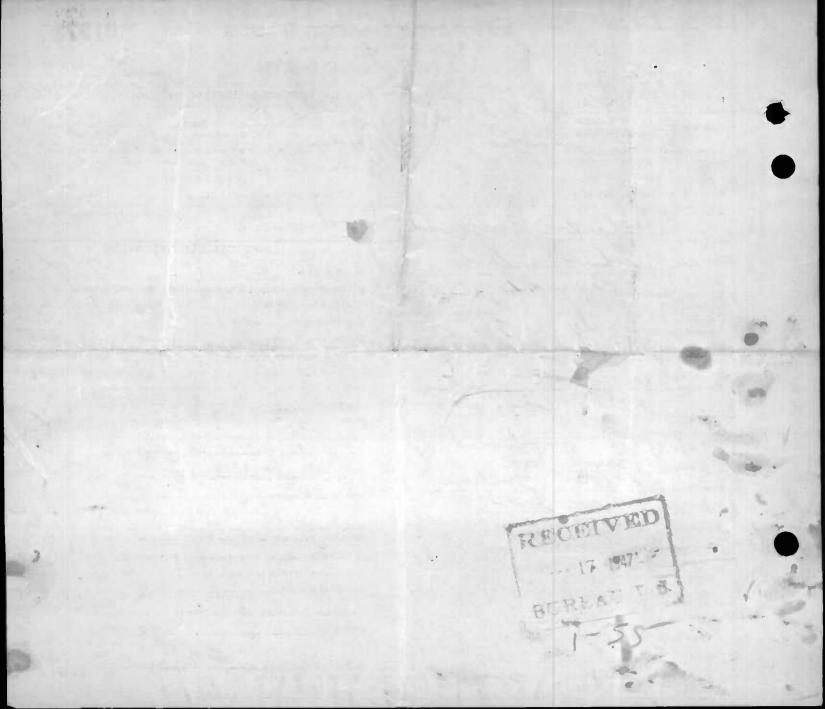
2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (For newborn infants give residence of mother) (County)	lo:
City or town (If outside city or town limits, write RUMAL and give new Street No. 2007)	arest town)
(If rural, give LOCATION)	
2.(a) If veteran, name war	
3.(b) Social Security	Number
MEDICAL CERTIFICATION  20. DATE OF DEATH	11.3JA,
21. I CERTIFY that death occurred on the date above stated: that I attended dece  ### 19	ased from
Occasiona gall blocas.	6200
Jue to	
Due to	*
Other conditions Wet Carter Glorian Ca	6 rues
Major findings of uperations	
Autopsy results	statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:	- C.
Accident, suicide, or homicide	
Where did injury occur?	(\$teta)

Injured at work?

M. D. or other

SN

(Date rec'd by registrar)



## PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Year-correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PDEASE

MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

	,			
IFICATE	OF	DEATH	Pro Disk No.	243

CERTIFICAT	E OF DEATH Reg. Dist. No. 2431
1. PLACE OF DEATH: County Prince Georges Glenn Dale Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  D. C. County
City or town	City or town. Washington (If outside city or town limits, write RURAL and give nearest town)
Glenn Dale Sanatorium  How long in hospital or institution? 7 months, 10 days.	Street No. 2503 M. St. N. W. (If rural, give LOCATION)  2.(a) If veteran, name war
3.(a) FULL NAME PHILANDER YOU	3. (b) Social Security Number 577-16-8731
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divo/ced  Male   Colored   Married	MEDICAL CERTIFICATION  20. DATE OF DEATH Schuler 26 1947 at 835 P.
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.42  and that I least saw has stallive on 26. 19.42
8. AGE: Years   Months   Days   If less than one day	Immodiais cance of death
9. Birthplace	Due to.  Due to.  Due to.
11. Industry or business    12. Name	Dither conditions.
置 14. Maiden name	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Deceased	Autopsy results
Address  17	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Commetery or crematory Washington D.C	Where did injury occur?
18. Funeral director. Joseph C. Januar D.C. Address 1241 - 22 and St., N. W. Woodworten D.C.	Meens of Injury  Injured at work?  23. SIGNATURE Daniel Leo Pinucane MD
18. Feb. 27 19 47 Couland S. Philips (Date rec'd by registrar) Registrar	Address Jelen Dale Md, Date signed 2/26/47

MAR 13 1947
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2430-12-10